ame:	Current Age:	Interviewer Initials:	Date:
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Ohio State University TBI Identification Method — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

- In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
 - □ No □ Yes−Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
 - ☐ No ☐ Yes—Record cause in chart
- 3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
 - ☐ No ☐ Yes—Record cause in chart
- 4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
 - ☐ No Yes—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

_ No	_ Yes-	-Record	cause	in	chart
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Interviewer instruction:

If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect--were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began? Ended?

Step 1	Step 2						
	L	oss of consciou	Dazed/IV	Age			
Cause	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	

If more injuries with LOC: How many?_____Longest knocked out?_____How many ≥ 30 mins.?_____Youngest age?

Step 3	Typical E	ffect			Age			
Cause of repeated injury	Dazed/ memory gap, LOC no LOC		Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended

(Continuation from reverse side, if needed)

Name:				Currei	Current Age: Interviewe		Initials:	Date:	
Step 1	Step 2	ocked out	ked out Dazed/Mem Gap			Age	Interpreting Findings A person may be more likely to have ongoing		
Cause	No LOC	< 30 min	30 min-24 hr	s > 24 hrs	s	Yes	No		problems if they have any of the following: • WORST
									One moderate or severe TBI. Moderate or Severe TB indicated by report of Loss of Consciousness (LOC) greater than 30 minutes. Yes No
									• FIRST TBI with LOC before age 20 Yes No
If more injuries with LOC: How					≥ 30 mins.	?	Youngest a	ge? _	 MULTIPLE 2 or more TBIs close together, with LOC within a 3 month period Yes No
How many injuries total have	you had in you	ır lifetime? _							A period where 3 or more blows to the head caused altered consciousness Yes No
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	1 OC < 30 min	LOC 30 min - 24 hrs.	۱۵۲ > 24 hrs.	Began	Ended	A history of repetitive blows to the head (Step 3) Yes No
									· OTHER
									A history of: Stroke, Aneurysm, AVM Yes No Lack of Oxygen to Brain Yes No Electrocution/Lightning Yes No
Other Illnesses/medical problems: 1. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct". Yes No If yes, Age 2. Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness of passing out after a drug overdose, strangulation, near drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, or complications of anesthesia. Yes No If yes, Age 3. Have you ever been electrocuted or struck by lightning? Yes No If yes, Age 4. Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis". Yes No If yes, Age 5. Have you ever had a tumor in your brain? Yes No If yes, Age								Brain Infection Yes No Brain Cancer/Tumor Yes No Brain Surgery Yes No Toxic Exposure Yes No Seizures/Epilepsy Yes No OUTCOME Positive Negative	
6. Have you ever had brain surge 7. Have you ever been exposed t hazards, or carbon monoxide. 8. Have you ever had seizures or	ry? <i>This could h</i> o toxic hazards? Yes No _	ave been for e This could re If yes, Age	epilepsy, shunt plac sult from exposure	to lead, mercu					Requires further investigation