

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Step 1 Cause	Step 2						
	Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
	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? _____

 How many injuries total have you had in your lifetime? _____

Cause of repeated injury	Dazed/ memory gap, no LOC		LOC		Dazed/ memory gap, no LOC		LOC		Began	Ended
	< 30 min	30 min - 24 hrs.	> 24 hrs.	< 30 min	30 min - 24 hrs.	> 24 hrs.				

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___
6. Have you ever had brain surgery? *This could have been for epilepsy, shunt placement, bleed, tumor removal.* Yes___ No___ If yes, Age___
7. Have you ever been exposed to toxic hazards? *This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.* Yes___ No___ If yes, Age___
8. Have you ever had seizures or been told that you have epilepsy? Yes___ No___ If yes, Age___

Interpreting Findings

A person may be more likely to have ongoing problems if they have any of the following:

- **WORST**
One moderate or severe TBI. Moderate or Severe TBI indicated by report of Loss of Consciousness (LOC) greater than 30 minutes. Yes___ No___
 - **FIRST**
TBI with LOC before age 20 Yes___ No___
 - **MULTIPLE**
2 or more TBIs close together, with LOC within a 3 month period Yes___ No___
- A period where 3 or more blows to the head caused altered consciousness Yes___ No___
- 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___
 Brain Infection Yes___ No___
 Brain Cancer/Tumor Yes___ No___
 Brain Surgery Yes___ No___
 Toxic Exposure Yes___ No___
 Seizures/Epilepsy Yes___ No___

OUTCOME

___ Positive
 ___ Negative
 ___ Requires further investigation

Adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. *J Head Trauma Rehabil*, 22(6):318-329.