

Name: \_\_\_\_\_

Current Age: \_\_\_\_\_

Interviewer Initials: \_\_\_\_\_

Date: \_\_\_\_\_

## Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and other Acquired Brain Injuries

1. Please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or emergency department. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports or an injury during military service.

- a. Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?
- Yes
- No (IF NO, GO TO QUESTION 2)
- b. What was the longest time you were knocked out or unconscious? (Choose just one; if you are not sure please make your best guess.)
- knocked out or lost consciousness for less than 30 minutes
- knocked out or lost consciousness between 30 minutes and 24 hours
- knocked out or lost consciousness for 24 hours or longer
- c. How old were you the first time you were knocked out or lost consciousness?
- \_\_\_\_\_ years old

2. 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)?

- Yes
- No (IF NO, GO TO QUESTION 3)
- a. How old were you when these repeated injuries began?
- \_\_\_\_\_ years old
- b. How old were you when these repeated injuries ended?
- \_\_\_\_\_ years old

### Interpreting Findings

The validity of this tool is not based on elicitation of a perfect accounting for a person's lifetime history of brain injury. Instead, it provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure.

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

- **WORST:** one moderate or severe TBI
- **FIRST:** TBI with loss of consciousness before age 20
- **ANOXIC:** a single incident of prolonged loss of consciousness from an overdose or being choked or strangled.
- **MULTIPLE:** multiple instances of blows to the head or multiple overdoses or incidents of being choked or strangled.
- **OTHER SOURCES:** any ABI combined with another way their brain function has been impaired or any brain injury diagnosed by a doctor or other health professional.

3. Have you ever lost consciousness from a drug overdose or being choked or strangled?

- Yes
- No (IF NO, GO TO QUESTION 4)
- a. How many times from a drug overdose?
- \_\_\_\_\_ overdose(s)
- b. How many times from being choked?
- \_\_\_\_\_ choked or strangled
- c. What was the longest time you have been unconsciousness from an overdose, or incident of being choked or strangled? (If you are not sure please make your best guess.)
- \_\_\_\_\_ minutes

4. Have you EVER been told by a doctor or other health professional that you had any of the following?

- Epilepsy or seizures
- A stroke, cerebral vascular disease or a transient ischemic attack
- A tumor of the brain
- Swelling of the brain (edema)
- Toxic effects or poisoning by substances – like from lead poisoning, alcohol, prescription medications or recreational drugs
- Infection like meningitis or encephalitis
- A brain bleed or hemorrhage
- Child or adult maltreatment syndrome
- Loss of oxygen to the brain - like from a time when you stopped breathing, had a near drowning or experienced a strangulation
- Encephalopathy due to endocrine, nutritional, renal or liver disorders

Complete this screening to determine if a person may have had a brain injury. It is important to note that this screening does not result in a diagnosis, is not intended to be used for eligibility determination and DOES NOT replace a face-to-face evaluation and assessment with a trained professional. This information should be treated as Protected Health Information. Deidentified data may be analyzed for program evaluation.