Name: Current Age: Interviewer Initi
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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.

_ N	0 _	Yes-	-Record	cause	in	chart
1 1						

### 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 2						
Loss of consciousness (LOC)/knocked out				Dazed/N	Age	
No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	
	L	Loss of consciou	Loss of consciousness (LOC)/knock	Loss of consciousness (LOC)/knocked out	Loss of consciousness (LOC)/knocked out Dazed/N	Loss of consciousness (LOC)/knocked out Dazed/Mem Gap

If more injuries with LOC: How many?\_\_\_\_Longest knocked out?\_\_\_\_How many ≥ 30 mins.?\_\_\_\_Youngest age?

Step 3	Typical E	ffect	Most Severe Effect			Age		
Cause of repeated injury	Dazed/ memory gap, no LOC	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:		Current Age:	Interviewer Initials:	Date:
Step 1	Step 2  Loss of consciousness  No LOC < 30 min 30	(LOC)/knocked out Daze min-24 hrs > 24 hrs Yes	d/Mem Gap Age No	Interpreting Findings  A person may be more likely to have ongoing problems if they have any of the following:
Cuase				<ul> <li>WORST         <ul> <li>One moderate or severe TBI. Moderate or Severe TB indicted by report of Loss of Consciousness (LOC) greater than 30 minutes.</li> <li>Yes No</li> </ul> </li> <li>FIRST         <ul> <li>TBI with LOC before age 20</li> <li>Yes No</li> </ul> </li> </ul>
If more injuries with LOC: How 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			
Cause of repeated injury	Dazed/ Dazememory gap, LOC memor no LOC no L	ygap,   < 30 min   30 min -   .	Pegan 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 Brain Infection Yes No
Other Illnesses/medical pro 1. Have you ever been told that you aneurysm" or "infarct". Yes_ 2. Have you ever been told that you hoverdose, strangulation, near drownin loss, or complications of anesthesia. 3. Have you ever been electrocuted. Have you ever had an infection 5. Have you ever had a tumor in you have you ever had brain surger 7. Have you ever been exposed to hazards, or carbon monoxide.	Brain Cancer/Tumor Yes No Brain Surgery Yes No Toxic Exposure Yes No Seizures/Epilepsy Yes No  OUTCOME  Positive Negative Requires further investigation			

8. Have you ever had seizures or been told that you have epilepsy? Yes\_\_\_ No\_\_\_ If yes, Age\_\_\_