**Step 1** Instructions: Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the “cause(s)” list. 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.

1. 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.

\_0. No \_1. Yes

2. 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? \_0. No \_1. Yes

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? \_0. No \_1. Yes

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? \_0. No \_1. Yes

5. 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. \_0. No \_1. Yes

Instructions: If any YES responses to questions 1 – 5 record cause and proceed to Step 2. If all answers are NO then proceed to Step 3

Step 1. Cause(s): *free-text, list each cause individually*

**Step 2** Instruction: If the answer is “yes” to any of the questions in Step 1 ask the following additional questions about each reported injury.

6. Were you knocked out or did you lose consciousness (LOC)? \_0. No \_1. Yes

6a. If yes, how long?  
 \_ less than 30 min \_ 30 min to 24 hours \_ more than 24 hours

6b. If no LOC, were you dazed or did you have a gap in your memory from the injury?  
 \_0. No \_1. Yes

6c. How old were you? (age in years)

**Step 3** Instruction: Ask the following questions to help identify a history that may include multiple mild TBIs.

7. 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)? \_0. No \_1. Yes

If yes (you had time with repeated impacts to head)

7a. list the cause

7b. What was the typical or usual effect

1. Were you knocked out (Loss of Consciousness - LOC)? \_0. No \_1. Yes
2. If no LOC, were you dazed or did you have a gap in your memory from the injury?  
    \_0. No \_1. Yes

7c. What was the most severe effect from one of the times you had an impact to the head?

\_1. Dazed/memory gap, no LOC \_2. LOC <30 min \_3. LOC 30 min - 24 hr \_4. LOC>24hrs.

7d. How old were you when these repeated injuries began? (age)

7e. How old were you when these repeated injuries ended? (age)

8. If more than 6 injuries with LOC are reported:

How many?

Longest time knocked out?

How many times was LOC >= 30 min?

What was youngest age of injury with LOC?

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Notes:

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
* First - TBI with loss of consciousness before age 15
* Multiple - 2 or more TBIs close together, including periods of time when they experienced multiple blows to the head
* Recent - A mild TBI in the last weeks or a more severe TBI in the last months
* Other Sources - Any TBI combined with another way that their brain function has been impaired.

Reference

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.