

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

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

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

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

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

Take this simple test to evaluate if you may have sustained a brain injury. It is important to note that this test is not a diagnosis, not to be used for eligibility determination and DOES NOT replace a face-to-face evaluation and assessment with a trained professional. All information is kept confidential. Your answers may be analyzed statistically for program evaluation and research.

**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

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

- Yes  
 No (IF NO, GO TO QUESTION 4)

a. How many times from a drug overdose?

\_\_\_\_\_ overdoses

b. How many times from being choked/strangled?

\_\_\_\_\_ choked/strangled

**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  
 infection like meningitis or encephalitis  
 a brain bleed or hemorrhage  
 loss of oxygen to the brain - like from a time when you stopped breathing, had a near drowning or experienced a strangulation

## Interpreting Findings

The validity of this tool is not based on elicitation of a perfect accounting of 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 15
- MULTIPLE: A period of time when they experienced multiple blows to the head
- OTHER SOURCES: Any TBI combined with another way their brain function has been impaired



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