

Appendix 1. History survey categories, questions, and final percentage of participants who responded as “Strongly Agree” or “Agree.”

Category	Question: All ended with the phrase “is important to ask every mTBI patient?”	%
General TBI History	Are you an OIF/OEF Vet?	42
	Do you have any hearing problems since your TBI?	38*
	Do you have balance problems, dizziness, or vertigo since your TBI?	58
	Did you have any neurological problems or symptoms before your TBI (MS, stroke, brain tumor, severe headaches, other)?	85*
	Have you been diagnosed with, or do you believe you have, PTSD?	42
	Do you get more headaches since your injury?	58
TBI Injury History	When did your TBI occur (on what date)?	92*
	Did you hit your head during your TBI incident?	50
	Did you lose consciousness during/after your TBI incident?	92*
	Were you disoriented or confused during/after your TBI incident?	85*
	Do you know what your Glasgow Coma Score (GCS) was after your TBI incident?	23*
	What was the cause of your TBI (blast, motor vehicle accident, fall, assault, gunshot wound, other)?	75
TBI Sensory History	Is your ability to concentrate and pay attention less now than before your injury?	58
	Are you more forgetful now than before your injury?	50
	Do you have more difficulty making decisions now than before your injury?	42
	Is your thinking slowed since your injury?	33
	Do you bump into objects and walls more now than before your injury?	85*
TBI Eye Injury/Pain History	Were your eyes, eyelids, or area around your eyes injured when your TBI event occurred?	85*
	Have you noticed that, or has someone told you that, you turn or tilt your face or head since your injury?	42
	Do you cover or close one eye at times since your injury?	85*
	Do you notice more floaters in your vision since your injury?	50
	Do you have more discomfort or pain in or around your eyes since your injury?	58
TBI Vision History	Have you noticed a change in your vision since your injury?	92*
	Is your vision blurry at distance or near since your injury?	85*
	Are you more sensitive to light, either indoors or outdoors, since your injury?	92*
	Are you more bothered by glare from windows, walls, TVs, computer screens, or other things since your injury?	67
	Do bright lights give you headaches or eye pain since your injury?	67
	Have you had problems with your night vision since your injury?	33
	Do you have or have you had double vision sometimes since your injury?	92*
	Have you noticed that you are missing part of your vision or that you have restricted vision since your injury?	92*
TBI Reading History	Have you noticed a change in your ability to read since your injury?	92*
	In general, how difficult do you find it to read since your injury?	67
	What materials are you currently reading on a daily or weekly basis?	58
	Do you have more visual discomfort while reading since your injury?”	58
	Are you able to do continuous near work/reading for adequate periods since your injury?	85*
	Do you lose your place while reading more now than before your injury?	92*
	Do you get headaches during/after reading more now than before your injury?	85*
	Do you have more difficulty remembering what you have read now than before your injury?	85*
	Do you have more difficulty understanding what you have read now than before your injury?	67
	Do you close one eye when you are reading?	92*
New Round 2 Question: All of the reading history can be accomplished by asking, “Do you have reading problems since your injury?” If yes, “Please describe.”	50	

*Met consensus in Round 1 to accept (>80%) or reject (<50%).