Appendix 1. Neurobehavioral Checklist Completed by Patients.

Instructions:

Please rate the following symptoms with regard to how much they have disturbed you *SINCE YOUR INJURY*. Use the following scale:

**None 0**—Rarely if ever present; not a problem at all. **Mild 1**—Occasionally present, but it does not disrupt activities; I can usually continue what I’m doing; doesn’t really concern me.

**Moderate 2**—Often present, occasionally disrupts my activities; I can usually continue what I’m doing with some effort; I am somewhat concerned. **Severe 3**—Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.

**Very Severe 4**—Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help.

Symptoms:

1. Poor concentration, can’t pay attention.
2. Forgetfulness, can’t remember things.
3. Slowed thinking, difficulty getting organized, can’t finish things.