

Appendix 1

COVER PAGE

VA TBI Identification Clinical Interview

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VA TBI Identification Clinical Interview: Part A

Freely Told, Spontaneous Description of the Event and Immediate Symptoms or Problems

Do not directly ask about traumatic brain injury (TBI), loss of consciousness, having memory gaps, or being dazed, confused or disoriented. Do not directly ask about specific symptoms.

Instead, listen carefully for any symptoms or problems that the interviewee spontaneously reports and record them on the Part B Form.

Part A text in **Bold font** should be read to the interviewee if necessary to get the story.

Introduction: **I'm going to ask you to describe for me in detail events you experienced in Iraq/Afghanistan during which you directly experienced a powerful force or blow to your upper body or head. You may or may not have been physically injured. This might have happened in explosions or blasts, crashes or accidents, fights, falls, or even sporting events. I'm interested in understanding the effects of this physical force on you. Some events may be very emotionally powerful or upsetting, but for now I'm going to ask you to focus on the event that was most physically powerful or injurious (of course, it may also have been emotionally disturbing).**

Do you have any questions about the type of event that is the focus of this interview? . . .

The most physically powerful event – things like vehicle accidents, getting knocked on the head or to the ground, being hit by fragments or shrapnel, feeling a shock wave, or being hit by debris during an explosion. *(ensure that the patient understands what is being asked)*

- 1. First tell me, when did this worst or most powerful event happen?** (month / yr) _____.
- 2. Do you have a personal memory of the [accident/trauma] itself; that is, you remember at least part or all of the event and what happened?** Y / N
- 3. OK, now tell me about that worst event in detail. Try to walk me through what happened step-by-step, minute-by-minute, from about 5 minutes beforehand, through the event itself, and then what happened afterward. What did you see, hear, and feel?**

(Use information from the patient as a starting point to work forward or backward in the timeframe of the narrative. Ask probing questions to clarify the time sequence, what happened chronologically, who was injured, etc.

Possible Probes for Details and Clarification

- You said you were (e.g., walking/riding down the street in a Humvee) [do you remember that?]. What happened next?

Additional possible probes are contained in the Manual.)

- 4. Immediately after the event, how was your ability to function affected, if at all?**

Possible Probes for clarification regarding nature of any Loss or Alteration of Consciousness:

- You said you felt “dazed and confused” *(use the patient's words)*. Did this feel different from other times in which you were caught off guard in a very stressful situation, such as an ambush, unexpected fire, or maybe even something like being told that a close friend was killed?
- Be familiar with other possible follow-up questions and probes contained in the *Manual*.

- 5. Did you have any new symptoms, problems, or injuries? What were they?**

Possible Probes for clarification regarding any injuries:

- Were you seen by medics at the scene? What did they do? What did they tell you?
- Was anyone else injured? What were their injuries?

Part B: Spontaneously Reported Information

Record the following *spontaneously* reported information

TBI Event

1. Patient had injuries such as wounds, bleeding, shrapnel, etc. **Y / N**
-- Others were seriously injured or killed. . . . **Y / N**

Etiology or Cause of TBI

(circle and fill in the appropriate blank, more than one may apply)

2. Etiology:
 - a. Motor Vehicle Accident (MVA)
 - b. Blast or explosion.
How close was the individual to the blast _____?
 - c. Blast immediately following by or involving a MVA.
Distance from blast _____?
 - d. Fall and hit head
 - e. Fight or assault
 - f. Sports event
 - g. Training Accident
 - h. Other: _____

Does it Meet Criteria for TBI

(Circle and fill in the appropriate blank, more than one may apply)

3. Any loss or alteration of consciousness (not due to alcohol or lack of oxygen)
 - a. Being knocked out; unable to see, speak, or move; unresponsive to anything, lying with eyes closed
-- Duration of unconsciousness
(e.g., 5 min.) _____
 - b. Having clear gaps in memory for time immediately before or after the event
-- Length of memory gaps (e.g., 5 min.) _____
 - c. Not able to mentally function at the scene, not making sense, not knowing what was going on, confused and incoherent, speech nonsensical
-- Duration of mental dysfunction _____
 - d. Being dazed and confused at the scene, but able to outwardly function (others not aware of or concerned about person being incoherent or dysfunctional)
-- Duration of feeling dazed/confused _____

Part C: Follow-up Confirmatory Questions

Now I'm going to ask some additional questions to make sure that I correctly understood what you experienced.

Confirmation of Memory for the Event

1. You said you have a personal memory of the event or at least part of the event and what happened, correct? **Y / N**

Confirmation of the Etiology of the Event

(circle item and fill in the blanks)

2. You said that your injuries were due to:
 - a. Motor Vehicle Accident (MVA)
 - b. Blast or explosion, and you were about _____ feet from the blast?
 - c. Blast, immediately followed by a MVA, and you were about _____ feet from the blast?
 - d. Fall and hit head
 - e. Fight or assault
 - f. Sports event
 - g. Training Accident
 - h. Other: _____

Confirmation of TBI (or no TBI)

(Confirm all of the items below that fit with the spontaneous story; more than one can be checked)

3. Let me see if I understood what you experienced right after the event. You indicated that:
 - a. Were knocked out; that is, you could not see, speak, or move & were unresponsive to anything, lying with eyes closed for about _____, is this correct? **Y / N**
-- Were you told that by a witness? **Y / N**
 - b. Had gaps in your memory for _____ just BEFORE the event, is this correct? **Y / N**
 - c. Had gaps in your memory for _____ just AFTER the event, is this correct? **Y / N**
 - d. Were unable to function in a normal way at the scene. You were not making sense, or did not know what was going on, or were confused and incoherent, and this went on for _____ immediately AFTER the event, is this correct? **Y / N**
 - e. Dazed and confused at the scene for _____, but outwardly appeared to be able to function OK, is this correct? **Y / N**
 - f. It sounds like there are no holes or gaps in your memory from that day and that you were functioning in a pretty normal way under the circumstances at the scene and afterward, is that correct? **Y / N**

EARLY/ACUTE NEW ONSET SYMPTOM PROBES

(After the story is completely told at the scene of the event [they start telling about leaving the event or going somewhere else; ASK . . .)

- 6. Afterward while still at the scene, did you have any new symptoms or problems; for example, thinking difficulties, aches, pains, or any other anything else?**

Prompts: What were those symptoms? Did you have any other symptoms or problems?

- 7. What did your buddies or other soldiers/marines at the scene tell you afterward about this event?**

Prompt: What did they say about how you acted or what you did?

(Now ask the person to tell the story from the site of the event to a new location; e.g., back to the base [or went from the event site to _____]. Continue this moment-by-moment re-telling until back at base afterward or back home or examined by some medical personnel [if that happened] and what they were told.)

- 8. Were you seen by medics or doctors later at the base (or hospital)? What did they do to or for you? What did they tell you, then or later?**

- 9. Tell me about your first meal after this event. Was it unusual for you in any way?**

Prompts: How did you feel, were you able to eat, did you feel nauseated, did you vomit?

- 10. Tell me about how you slept that night. Was your sleeping unusual in any way?**

Prompts: Were you able to sleep, did you have any problems?

- 11. How did you feel the next morning when you got up? How were you functioning?**

Prompts: Did you have any aches, pains, or any other type of symptoms or problems?

What symptoms did you experience?

Part B: Spontaneously Reported Information

Immediate Symptoms (*Spontaneously* reported; provide a “Y/N” response to each symptom)

4. Any “new” or “worse than usual” report of the following symptoms

Part C: Follow-up Confirmatory Questions

Confirmation of Immediate Symptoms at the scene and 1 to 7 days after the event?

4. Let me see if I understood the symptoms/problems you experienced after the event. **You indicated that you had problems with:**
 (Read each symptom to the participant that was reported as new or worse than usual)

	Spontaneously Reported		Confirmed	
	<u>At scene</u>	<u>Next 1 to 7 days</u>	<u>At scene</u>	<u>Next 1 to 7 days</u>
a. Concentration problems	Y / N	Y / N	Y / N	Y / N
b. Memory Problems or Lapses	Y / N	Y / N	Y / N	Y / N
c. Balance Problems or Dizziness	Y / N	Y / N	Y / N	Y / N
d. Irritability	Y / N	Y / N	Y / N	Y / N
e. Headaches (new or worse)	Y / N	Y / N	Y / N	Y / N
f. Sleep Problems	Y / N	Y / N	Y / N	Y / N
g. Feeling foggy, one-step-removed, disconnected from the world, low definition world rather than high definition world.	Y / N	Y / N	Y / N	Y / N
h. Slowed reactions or speech	Y / N	Y / N	Y / N	Y / N
i. Thinking problems.	Y / N	Y / N	Y / N	Y / N
j. Sensitivity to Bright Light	Y / N	Y / N	Y / N	Y / N
k. Sensitivity to Noise	Y / N	Y / N	Y / N	Y / N
l. Temporary loss of hearing	Y / N	Y / N	Y / N	Y / N
m. Dropping things, spilling things	Y / N	Y / N	Y / N	Y / N
n. Nausea.	Y / N	Y / N	Y / N	Y / N
o. Other _____				
p. NO SYMPTOMS	NONE	NONE		
			p. No worse problems with headaches, memory, dizziness, irritability, light sensitivity, or sleep after this event, correct?	
			Y / N	Y / N

SYMPTOM COURSE PROBES

12. Over the next week or so, did you notice anything different in terms of your functioning?

Prompt: Did you have any new or worse symptoms over the next week? What symptoms did you experience?

13. Over the course of the next several weeks and months, what happened to these symptoms or problems? When did you feel back to yourself or 100%?

Prompts: (*Only ask about symptoms or problems just mentioned. For example:*)

- What happened to the headaches, dizziness, sleep problems you reported that you had after the event?
- Was that pattern of headaches, dizziness, sleep problems any different from your pattern before this event?

Part B: Spontaneously Reported Information

Course of Symptoms over the next week and months

(circle the best descriptive course)

- 5. Symptom course:
 - a. Symptoms decreased over the next several days; within a week person was back to pre-injury symptom levels. **Y / N**
 - b. Symptoms got worse the first few days, gradually improved after that, and returned to pre-injury levels within 3-4 weeks **Y / N**
 - c. Symptoms continued, some symptoms seemed to get better but others have continued to the present. **Y / N**
 - d. Symptoms waxed and waned over time; got better, then worse, then better again over time; some symptoms remain to the present **Y / N**
 - e. Symptoms never improved & remain to the present. **Y / N**

Part C: Follow-up Confirmatory Questions

Confirming the Course of Symptoms

(circle the best descriptive course)

- 5. My impression from what you said is that following the event over time your symptoms:
 - a. Decreased over the next several days and within about a week you were back to pre-injury symptom levels; is that correct? **Y / N**
 - b. Got worse the first few days, gradually improved after that, and returned to preinjury levels within 3-4 weeks; is that correct? **Y / N**
 - c. Continued with some seeming to get better but others continuing to the present; is that correct? . . . **Y / N**
 - d. Waxing and waning over time; sometimes getting better but other times getting worse, & that some of your symptoms continued to the present; is that correct? **Y / N**
 - e. Never improved and remain to the present; is that correct? **Y / N**

Number of Concussions/TBIs in the Timeframe of Interest

6. Now that we have talked about your worst or most physically powerful event, **how many events have you experienced with significant physical force to your head that resulted in a loss of consciousness, or memory gaps for part of the event or what happened immediately afterward, or not being able to function normally afterward (that is, being confused, not making sense, not knowing what was going on).**

-- How many such events did you experience during your (deployment, or some other timeframe of interest)? _____

7. When was this **worst physically powerful event**?

(This should be the one described in the spontaneous report above, and confirmed on this Part C)

- a. That was (month / yr) _____, correct? *(Same as Question 1 on Page 1)*

If the patient reports there was another event that resulted in a more severe TBI, the examiner may wish to return to **Part A Question 2** and repeat the interview process to get more information about this event. However, this should rarely happen.

(Examiner completes severity rating below from Questions 3 & 4 above, in Part C; and confirms this with the patient using the 1-8 scale below)

b. Severity

- 1). Transient confusion, no loss or possible loss of consciousness, concussion symptoms or mental status abnormalities resolved in less than 15 minutes.
- 2). Transient confusion, no loss or possible loss of consciousness, concussion symptoms or mental status abnormalities lasted more than 15 minutes but no more than an hour.
- 3). Transient confusion, no loss or possible loss of consciousness, concussion symptoms or mental status abnormalities lasted between one and 24 hours.
- 4). Transient confusion, no loss or possible loss of consciousness, concussion symptoms or mental status abnormalities last more than 24 hours.
- 5). Loss of consciousness, from very brief (seconds) to several minutes. Concussion symptoms or mental status abnormalities resolve in less than 15 minutes.
- 6). Loss of consciousness, from very brief (seconds) to several minutes. Concussion symptoms or mental status abnormalities lasted more than 15 minutes.
- 7). Loss of consciousness over one hour but less than one day.
- 8). Loss of consciousness more than one day.

8. When was your **most recent** such physically powerful event during which you were knocked out or were confused and not making sense afterward?

a. Date _____

b. Severity

- 1). Transient confusion, no loss or possible loss of consciousness, concussion symptoms or mental status abnormalities resolved in less than 15 minutes.
- 2). Transient confusion, no loss or possible loss of consciousness, concussion symptoms or mental status abnormalities lasted more than 15 minutes but no more than an hour.
- 3). Transient confusion, no loss or possible loss of consciousness, concussion symptoms or mental status abnormalities lasted between one and 24 hours.
- 4). Transient confusion, no loss or possible loss of consciousness, concussion symptoms or mental status abnormalities last more than 24 hours.
- 5). Loss of consciousness, from very brief (seconds) to several minutes. Concussion symptoms or mental status abnormalities resolve in less than 15 minutes.
- 6). Loss of consciousness, from very brief (seconds) to several minutes. Concussion symptoms or mental status abnormalities lasted more than 15 minutes.
- 7). Loss of consciousness over one hour but less than one day.
- 8). Loss of consciousness more than one day.

Final Overall Examiner Rating of the Likelihood of a TBI
 (based on what was reported on this interview and its context -- Deployment)

<input type="checkbox"/> Clearly no TBI	NO
<input type="checkbox"/> TBI unlikely	
<input type="checkbox"/> TBI somewhat likely	YES
<input type="checkbox"/> TBI very likely	
<input type="checkbox"/> TBI almost certainly	

Y / N TBI verified by medical records
 (circle in addition to one of the above likelihood options, if it applies)