

APPENDIX 4

TRAUMATIC BRAIN INJURY SCREEN (Modified from VA Traumatic Brain Injury Screen)

Have you ever been diagnosed as having Traumatic Brain Injury (TBI)?

Yes

No

- If “**Yes**” it is not necessary to ask any of the questions below. Ensure that patient has satisfactory access to care related to TBI.
- If “**No**” then continue with the four sections below.

1. Have you ever experienced any of the following events? (check all that apply)

Blast or Explosion (IED, RPG, land mine, grenade, etc.)

Vehicular accident/ crash (any vehicle, including aircraft)

Fragment wound or bullet wound above the shoulders

Fall

Blow to the head (head hit by falling/ flying object, head hit by another person, head hit against something, etc.)

Other injury to head

- If **none** of the items above were endorsed then the patient has screened negative for TBI, and it is not necessary to ask any of the questions below.
- If **one or more** of the items in section 1 were endorsed, then continue with the questions below.

2. Did you have any of these symptoms IMMEDIATELY afterwards? (check all that apply)

Losing consciousness or “knocked out”

Being dazed, confused or “seeing stars”

Not remembering the event

Concussion

Head injury

- If **none** of the items above were endorsed then the patient has screened negative for TBI, and it is not necessary to ask any of the questions below.
- If **one or more** of the items in section 2 were endorsed, then continue with the questions below.

3. Did any of the following problems begin or get worse afterwards? (check all that apply)

Memory problems or lapses

Balance problems or dizziness

Sensitivity to bright light

Irritability

- Headaches
- Sleep problems

- If **none** of the items above were endorsed then the patient has screened negative for TBI, and it is not necessary to ask any of the questions below.
- If **one or more** of the items in section 3 were endorsed, then continue with the questions below.

4. In the past week have you had any of the symptoms from question 3? (check all that apply)

- Memory problems or lapses
- Balance problems or dizziness
- Sensitivity to bright light
- Irritability
- Headaches
- Sleep problems

- If **none** of the items above were endorsed, then the patient has screened negative for TBI.
- If **one or more** of the items in section 4 were endorsed, then the **patient has screened positive for TBI and should be referred for further evaluation.**