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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.