

## Appendix

### Structured Interview for TBI Diagnosis

***During your deployment, were you exposed to:***

<input type="checkbox"/> Blast <input type="checkbox"/> IED <input type="checkbox"/> Bullet above the shoulder <input type="checkbox"/> RPG <input type="checkbox"/> Mortar <input type="checkbox"/> Landmine <input type="checkbox"/> Grenade <input type="checkbox"/> Blow to the head <input type="checkbox"/> Vehicular accident <input type="checkbox"/> Fall <input type="checkbox"/> Assault  Any other event (specify) that may have caused a brain injury?
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***For each event:***

Were you wearing a helmet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-- If you were exposed to a blast, how close were you to the explosion?	
If you were exposed to a blast, was there any object between you and the explosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-- If yes, what?	
Approximately when did the event occur? (date)	
-- If there was more than one event, approximately how much time elapsed between them?	
Did you lose consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-- If yes, for how long?	
	<input type="checkbox"/> I remembered
Do you remember this or did someone tell you about it?	<input type="checkbox"/> I was told
Were you disoriented or confused after the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-- For how long?	
-- Do you remember this or did someone tell you about it?	<input type="checkbox"/> I remembered

	<input type="checkbox"/> I was told
What happened leading up to the event?	
-- Do you remember this or did someone tell you about it?	<input type="checkbox"/> I remembered <input type="checkbox"/> I was told
What happened during the event itself?	
-- Do you remember this or did someone tell you about it?	<input type="checkbox"/> I remembered <input type="checkbox"/> I was told
What is the first thing you remember after the event?	
-- Do you remember this or did someone tell you about it?	<input type="checkbox"/> I remembered <input type="checkbox"/> I was told
What is the next thing you remember? (repeat as needed)	
-- Do you remember this or did someone tell you about it?	<input type="checkbox"/> I remembered <input type="checkbox"/> I was told
What symptoms did you have after the event?	
Were you treated for your injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:	

**Rate the Injury (ies):**

How likely is it that the veteran sustained at least one TBI?

<input type="checkbox"/> Not at all likely <input type="checkbox"/> Very unlikely <input type="checkbox"/> Somewhat unlikely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely <input type="checkbox"/> Almost certainly
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How many TBIs did this veteran experience? (based on the # of events rated as very likely or almost certainly)

If it is likely that the veteran sustained one or more TBIs, how severe was each?

- 1. Transient confusion, no loss of consciousness, concussion symptoms or mental status abnormalities resolved in less than 15 minutes.
- 2. Transient confusion, no 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 of consciousness, concussion symptoms or mental status abnormalities lasted between one and 24 hours.
- 4. Transient confusion, no 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.