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.