BOSTON ASSESSMENT OF TBI-LIFETIME
BAT-L

VA BOSTON HEALTHCARE SYSTEM

THIS RESEARCH WAS SUPPORTED BY THE
TRANSLATIONAL RESEARCH CENTER FOR TBI AND STRESS DISORDERS (TRACTS)
A VA REHABILITATION RESEARCH AND DEVELOPMENT NATIONAL NETWORK CENTER FOR TBI

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The Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L) was designed to capture the unique injuries sustained during post-9/11 deployment with particular attention to blast injuries. In addition, head injuries incurred across the lifespan are evaluated. The emphasis of this semi-structured interview is to obtain a detailed account of the injury including the context and events occurring before, during, and after the injury in both civilian and military experiences.

Administration

The BAT-L was created for use in a research setting where detailed information regarding TBI incidence and severity is necessary. The instrument guides the examiner in gathering necessary information from veterans and service members about the three worst TBIs for each category of injury (military blast, military other, pre-military, and post-military).

Information is reviewed by a TBI diagnostic consensus team consisting of at least three doctoral-level psychologists, including at least one neuropsychologist. The consensus approach is integral to the instrument. If used without a consensus team, review of selected cases is suggested to assure a consistent diagnostic approach. It may be used both independently as well as part of a larger clinical interview. Please contact the TRACTS team for consultation and training requests.

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**BAT-L hybrid classification system for the diagnosis of mTBI into mild Grade I, II, and III injuries (adapted from Bailes and Cantu, 2001) and VA and DoD consensus criteria for TBI severity as defined in the Clinical practice guidelines: management of concussion—mild traumatic brain injury (mTBI). (DOD, 2009).**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mild Grade II</th>
<th>Grade III</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Consciousness</td>
<td>None</td>
<td>&lt; 5 minutes</td>
<td>&gt; 5 minutes and &lt; 30 minutes</td>
<td>&gt; 30 minutes and &lt; 24 hours</td>
</tr>
<tr>
<td>Alteration of Mental Status</td>
<td>0 – 15 minutes</td>
<td>&gt; 15 minutes and &lt; 24 hours</td>
<td>&gt; 24 hours</td>
<td>&gt; 24 hours; severity based on other criteria</td>
</tr>
<tr>
<td>Post Traumatic Amnesia</td>
<td>0 – 15 minutes</td>
<td>&gt; 15 minutes and &lt; 24 hours</td>
<td>&gt; 24 hours</td>
<td>&gt; 1 day and &lt; 7 days</td>
</tr>
<tr>
<td>Glasgow Coma Scale</td>
<td>13 - 15</td>
<td>9 - 12</td>
<td>&lt; 9</td>
<td></td>
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**BAT-L SUMMARY SCORE SHEET**

**MILITARY BLAST:**

<table>
<thead>
<tr>
<th>Total # of Blast Exposures:</th>
<th>0 - 10 Meters</th>
<th>11 - 25 Meters</th>
<th>26 - 100 Meters</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Total # Blast TBIs:</th>
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</table>

### 1st Most Severe

<table>
<thead>
<tr>
<th>Age</th>
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<table>
<thead>
<tr>
<th>PTA</th>
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<thead>
<tr>
<th>LOC</th>
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</tbody>
</table>

#### Severity

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**If Mild:**

- [ ] Stage I
- [ ] Stage II
- [ ] Stage III

**BATL Score**

(0 – 5)

#### Nature of Blast

- [ ] Primary (Head)
- [ ] Secondary (Head: [ ] Yes [ ] No)
- [ ] Tertiary (Head: [ ] Yes [ ] No)
- [ ] Quaternary (Head: [ ] Yes [ ] No)

### 2nd Most Severe

<table>
<thead>
<tr>
<th>Age</th>
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<tbody>
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<td>hr / min / sec</td>
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<table>
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<tr>
<th>AMS</th>
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<tr>
<th>PTA</th>
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<tr>
<th>LOC</th>
</tr>
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<tbody>
<tr>
<td>hr / min / sec</td>
</tr>
</tbody>
</table>

#### Severity

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**If Mild:**

- [ ] Stage I
- [ ] Stage II
- [ ] Stage III

**BATL Score**

(0 – 5)

#### Nature of Blast

- [ ] Primary (Head)
- [ ] Secondary (Head: [ ] Yes [ ] No)
- [ ] Tertiary (Head: [ ] Yes [ ] No)
- [ ] Quaternary (Head: [ ] Yes [ ] No)

### 3rd Most Severe

<table>
<thead>
<tr>
<th>Age</th>
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<tr>
<th>LOC</th>
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<tbody>
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<td>hr / min / sec</td>
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</tbody>
</table>

#### Severity

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**If Mild:**

- [ ] Stage I
- [ ] Stage II
- [ ] Stage III

**BATL Score**

(0 – 5)

#### Nature of Blast

- [ ] Primary (Head)
- [ ] Secondary (Head: [ ] Yes [ ] No)
- [ ] Tertiary (Head: [ ] Yes [ ] No)
- [ ] Quaternary (Head: [ ] Yes [ ] No)
### MILITARY OTHER:

<table>
<thead>
<tr>
<th>1st Most Severe</th>
<th>2nd Most Severe</th>
<th>3rd Most Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td><strong>Age</strong></td>
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<td><strong>AMS</strong></td>
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<td><strong>PTA</strong></td>
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<tr>
<td><strong>LOC</strong></td>
<td><strong>LOC</strong></td>
<td><strong>LOC</strong></td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
</tr>
<tr>
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<td>- Mild</td>
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<td>- Moderate</td>
<td>- Moderate</td>
<td>- Moderate</td>
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<tr>
<td>- Severe</td>
<td>- Severe</td>
<td>- Severe</td>
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<td><strong>BATL Score</strong></td>
<td><strong>BATL Score</strong></td>
<td><strong>BATL Score</strong></td>
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<tr>
<td>(0 – 5)</td>
<td>(0 – 5)</td>
<td>(0 – 5)</td>
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<tr>
<td><strong>Nature of Injury</strong></td>
<td><strong>Nature of Injury</strong></td>
<td><strong>Nature of Injury</strong></td>
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<tr>
<td>- MVA</td>
<td>- MVA</td>
<td>- MVA</td>
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<tr>
<td>- Fall</td>
<td>- Fall</td>
<td>- Fall</td>
</tr>
<tr>
<td>- Sports-Related</td>
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<td>- Sports-Related</td>
</tr>
<tr>
<td><strong>If Mild:</strong></td>
<td><strong>If Mild:</strong></td>
<td><strong>If Mild:</strong></td>
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<tr>
<td>- Stage I</td>
<td>- Stage I</td>
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### PRE-MILITARY:

<table>
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<tbody>
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<td><strong>Age</strong></td>
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<tr>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
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<tr>
<td>- Mild</td>
<td>- Mild</td>
<td>- Mild</td>
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<td>- Severe</td>
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<td><strong>BATL Score</strong></td>
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<td>(0 – 5)</td>
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<tr>
<td><strong>Nature of Injury</strong></td>
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<td><strong>Nature of Injury</strong></td>
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<tr>
<td>- MVA</td>
<td>- MVA</td>
<td>- MVA</td>
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<tr>
<td>- Fall</td>
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<td>- Fall</td>
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<tr>
<td>- Sports</td>
<td>- Sports</td>
<td>- Sports</td>
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<tr>
<td><strong>If Mild:</strong></td>
<td><strong>If Mild:</strong></td>
<td><strong>If Mild:</strong></td>
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<td>- Stage I</td>
<td>- Stage I</td>
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<tr>
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<td>- Stage II</td>
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<td>- Stage III</td>
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### POST-MILITARY:

<table>
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<th>3rd Most Severe</th>
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</thead>
<tbody>
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<td><strong>Age</strong></td>
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<td><strong>LOC</strong></td>
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<tr>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
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<tr>
<td>- Mild</td>
<td>- Mild</td>
<td>- Mild</td>
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<tr>
<td>- Moderate</td>
<td>- Moderate</td>
<td>- Moderate</td>
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<tr>
<td>- Severe</td>
<td>- Severe</td>
<td>- Severe</td>
</tr>
<tr>
<td><strong>BATL Score</strong></td>
<td><strong>BATL Score</strong></td>
<td><strong>BATL Score</strong></td>
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<td>(0 – 5)</td>
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<tr>
<td><strong>Nature of Injury</strong></td>
<td><strong>Nature of Injury</strong></td>
<td><strong>Nature of Injury</strong></td>
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<tr>
<td>- MVA</td>
<td>- MVA</td>
<td>- MVA</td>
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<tr>
<td>- Fall</td>
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<tr>
<td>- Sports</td>
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<tr>
<td><strong>If Mild:</strong></td>
<td><strong>If Mild:</strong></td>
<td><strong>If Mild:</strong></td>
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<tr>
<td>- Stage I</td>
<td>- Stage I</td>
<td>- Stage I</td>
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<tr>
<td>- Stage II</td>
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<td>- Stage II</td>
</tr>
<tr>
<td>- Stage III</td>
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</tbody>
</table>

### Summary Section

__Ver. 10/10/2018__

_BAT-L 4_
### Total # TBIs:

<table>
<thead>
<tr>
<th>1&lt;sup&gt;st&lt;/sup&gt; Most Severe</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Most Severe</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Most Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td><strong>Age</strong></td>
<td><strong>Age</strong></td>
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<tr>
<td><strong>AMS</strong></td>
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<td><strong>hr / min / sec</strong></td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
</tr>
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<td>❑ Mild</td>
<td>❑ Mild</td>
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<tr>
<td>❑ Stage I</td>
<td>❑ Stage I</td>
<td>❑ Stage I</td>
</tr>
<tr>
<td>❑ Moderate</td>
<td>❑ Stage II</td>
<td>❑ Stage II</td>
</tr>
<tr>
<td>❑ Severe</td>
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<td><strong>BATL Score (0 – 5)</strong></td>
<td><strong>BATL Score (0 – 5)</strong></td>
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<td><strong>Nature of Injury</strong></td>
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<td>❑ MVA</td>
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<td>❑ Fall</td>
<td>❑ Fall</td>
<td>❑ Fall</td>
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<td>❑ Penetrating Injury</td>
<td>❑ Penetrating Injury</td>
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<td>❑ Other: __________</td>
<td>❑ Other: __________</td>
<td>❑ Other: __________</td>
</tr>
<tr>
<td>❑ Sports-Related</td>
<td>❑ Sports-Related</td>
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</tr>
</tbody>
</table>

#### BAT-L Score (0 – 5):

<table>
<thead>
<tr>
<th>BAT-L Score (0 – 5):</th>
<th>BAT-L Lifetime Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = no TBI</td>
<td>Sum Military Blast BATL Scores</td>
</tr>
<tr>
<td>1 = mTBI grade I</td>
<td>Sum Military Other BATL Scores</td>
</tr>
<tr>
<td>2 = mTBI grade II</td>
<td>Sum Pre-Military BATL Scores</td>
</tr>
<tr>
<td>3 = mTBI grade III</td>
<td>Sum Post-Military BATL Scores</td>
</tr>
<tr>
<td>4 = moderate TBI</td>
<td>Sum Military Other BATL Scores</td>
</tr>
<tr>
<td>5 = severe TBI</td>
<td>Sum Pre-Military BATL Scores</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BAT-L TOTAL LIFETIME SCORE TOTAL</th>
</tr>
</thead>
</table>

**Total Estimated Repetitive Blasts/Exposures:** __________

**Total Estimated Repetitive Blunt Exposures:** ________
MILITARY HEAD INJURIES

During this interview I will be asking you about any blows to the head that may have occurred to you during your life. First, I will ask you about any blasts or explosions you may have been exposed to while in the military.

MILITARY BLAST:

<table>
<thead>
<tr>
<th>During your time in the military, were you involved in any blasts or explosions within 100 meters?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Uncertain</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>If no, query further about types of blasts/explosions (item 1 below) to rule out blast exposure then discontinue questionnaire if none.</td>
</tr>
<tr>
<td>If yes, How many blasts were you exposed to within ____ meters?</td>
</tr>
<tr>
<td>≤ 10 meters: ________</td>
</tr>
<tr>
<td><strong>Cue:</strong> Approximately 32 feet or the length of 2 parking spaces</td>
</tr>
<tr>
<td>11 – 25 meters: ________</td>
</tr>
<tr>
<td><strong>Cue:</strong> Approximately 82 feet or the distance between home base and first base in a professional baseball diamond</td>
</tr>
<tr>
<td>26 – 100 meters: ________</td>
</tr>
<tr>
<td><strong>Cue:</strong> Approximately 320 feet or the length of a professional football field</td>
</tr>
<tr>
<td>Total Blasts: ________</td>
</tr>
</tbody>
</table>

Next, I am going to ask you about the three worst or most severe blasts you experienced while deployed. I am not looking for the most upsetting incidents, but rather the blasts that were the most severe or that were the strongest/closest.

MILITARY BLAST #1 (Most Severe):

<table>
<thead>
<tr>
<th>Age (or best estimate) at time of occurrence: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What type of blast/accident was it?</td>
</tr>
<tr>
<td>[ ] Unknown     [ ] Grenade    [ ] Bomb     [ ] Other: ______________________</td>
</tr>
<tr>
<td>[ ] IED     [ ] Land mine    [ ] Rocket</td>
</tr>
<tr>
<td>[ ] RPG     [ ] Mortar     [ ] Suicide vest/bomb</td>
</tr>
<tr>
<td>2. Do you remember the blast/accident itself? If yes, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?</td>
</tr>
<tr>
<td>a. Were others seriously injured?</td>
</tr>
<tr>
<td>[ ] Uncertain     [ ] No     [ ] Yes</td>
</tr>
<tr>
<td>b. How far away was the blast/explosion? Clarify/confirm distance of closest blast/explosion for consistency. If patient is uncertain, encourage pt to provide an estimate.</td>
</tr>
</tbody>
</table>
c. What is the last thing you can remember just before the blast/accident? Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.

d. What is the first thing you can remember just after the blast/accident? Following pt’s response ask, How long do you think that was after the blast? Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.

e. If injury is the result of an IED or bomb ask, Do you remember hearing the explosion?
   - Uncertain
   - No
   - Yes

f. Do you remember feeling the pressure changes associated with the blast?
   - Uncertain
   - No
   - Yes

g. What direction did the blast wave/blast come from? (multiple boxes may be checked)
   - Uncertain
   - Front
   - Back
   - Left
   - Right
   - Under
   - Above
   Was it an incoming blast?
   - Uncertain
   - No
   - Yes
   **If no,** What type/direction: ______________________

h. Were you thrown by the blast/accident, either out of a vehicle or off of your feet? Did you hit your head? Was something propelled or thrown at you/your head by the blast/accident? If yes, ask pt to provide as much information and detail as possible. Note type of vehicle and position in the vehicle if pt was in a vehicle at the time of the blast.

i. Did you experience any changes in your vision or hearing during the accident? Establish that the pt is not reporting mental status change when was in fact hearing/vision change.
   - Uncertain
   - No
   - Yes
   Any bleeding from your eardrum?
   - Uncertain
   - No
   - Yes

j. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands/multistep commands, perform duties as expected) after the blast/accident? If so, for how long? With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident vs. the chaos surrounding the event. Probe if others thought pt was functioning normally.
k. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? **Probe to ensure LOC is not due to anoxia/alcohol/substance overdose. Probe to differentiate LOC from PTA (if possible).**

- [ ] Uncertain  
- [ ] No  
- [ ] Yes

l. Did you experience any of the following immediately after the event? **Note general Sx duration.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>__________</td>
</tr>
<tr>
<td>Trouble thinking</td>
<td>__________</td>
</tr>
<tr>
<td>Nausea</td>
<td>__________</td>
</tr>
<tr>
<td>Dizziness</td>
<td>__________</td>
</tr>
<tr>
<td>Fatigue</td>
<td>__________</td>
</tr>
<tr>
<td>Poor coordination, balance problems, or slowed reaction times</td>
<td>__________</td>
</tr>
<tr>
<td>Sensory changes (Hearing/Vision/Taste/Smell)</td>
<td>__________</td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td>__________</td>
</tr>
<tr>
<td>Mood changes (Anxiety/Depression/Irritability)</td>
<td>__________</td>
</tr>
<tr>
<td>Sleep trouble</td>
<td>__________</td>
</tr>
<tr>
<td>Other:</td>
<td>__________</td>
</tr>
</tbody>
</table>

3. At the time of the blast/accident, were you wearing a helmet, and if so was it modified (equipped with upgrade kit)?

- [ ] Uncertain
- [ ] No
- [ ] Yes  

**If yes,** was it modified? 

- [ ] Uncertain  
- [ ] No  
- [ ] Yes

**If yes,** did the helmet stay on your head? 

- [ ] Uncertain  
- [ ] No  
- [ ] Yes

4. At the time of blast/accident, were you wearing Kevlar body armor?

- [ ] Uncertain
- [ ] No
- [ ] Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- [ ] Uncertain
- [ ] No
- [ ] Yes  

**If yes,** MACE (field mental status eval)? 

- [ ] Uncertain  
- [ ] No  
- [ ] Yes

**If yes,** was anything documented in your medical record? 

- [ ] Uncertain  
- [ ] No  
- [ ] Yes

**If yes,** do you have access to those records? 

- [ ] Uncertain  
- [ ] No  
- [ ] Yes
6. Did you experience a disruption of duty after the blast/accident?

- Uncertain
- No
- Yes

**If Yes:**
- For how long were you pulled from duty?
- Did you return to active duty?
- Did this event lead to medical hold?
- Sick leave?
- Discharge?

---

**EVALUATE MILITARY BLAST #1:**

*Using the questions above, or in spontaneous dialogue, evaluate the following:*

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, enter the estimated duration of the AMS?</td>
<td>hr / min / sec</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>AMS = AMS + PTA + LOC</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTA:</th>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, enter the estimated duration of the PTA?</td>
<td>hr / min / sec</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>PTA = PTA + LOC</em></td>
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</table>

<table>
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<tr>
<th>LOC:</th>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, enter the estimated duration of the LOC?</td>
<td>hr / min / sec</td>
<td></td>
</tr>
</tbody>
</table>

**Substance Related:**
- NO
- YES

**Setting of Injury:**
- Combat
- Non-Combat
  - Military (e.g., training)

**Emotional Context of Injury:**
- Traumatic
- Non-traumatic

---

**Blast Injuries:**
- **Primary:** Injury from over-pressurization force (blast wave) impacting the body surface — TM rupture, pulmonary damage and air embolization, hollow viscus injury
- **Secondary:** Injury from projectiles (bomb fragments, flying debris) — Penetrating trauma, fragmentation injuries, blunt trauma
- **Tertiary:** Injuries from displacement of victim by the blast wind — Blunt/penetrating trauma, fractures, and traumatic amputations
- **Quaternary:** All other injuries from the blast — Crush injuries, burns, asphyxia, toxic exposures, exacerbations of chronic illness
MILITARY BLAST #2 (Second Most Severe):
Age (or best estimate) at time of occurrence: _______

1. What type of blast/accident was it?
   - Unknown
   - Grenade
   - Bomb
   - Other: ________________________
   - IED
   - Land mine
   - Rocket
   - RPG
   - Mortar
   - Suicide vest/bomb

2. Do you remember the blast/accident itself? **If yes**, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

   a. Were others seriously injured?
      - Uncertain
      - No
      - Yes
   
   b. How far away was the blast/explosion? **Clarify/confirm distance of closest blast/explosion for consistency. If patient is uncertain, encourage pt to provide an estimate.**

   c. What is the last thing you can remember just **before** the blast/accident? **Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.**

   d. What is the first thing you can remember just **after** the blast/accident? **Following pt's response ask,** How long do you think that was after the blast? **Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.**

   e. **If injury is the result of an IED or bomb ask,** Do you remember hearing the explosion?
      - Uncertain
      - No
      - Yes
   
   f. Do you remember feeling the pressure changes associated with the blast?
      - Uncertain
      - No
      - Yes
   
   g. What direction did the blast wave/blast come from? *(multiple boxes may be checked)*
      - Uncertain
      - Front
      - Back
      - Left
      - Right
      - Under
      - Above

   Was it an incoming blast?
   - Uncertain
   - No
   - Yes
   
   **If no,** What type/direction: ________________________
h. Were you thrown by the blast/accident, either out of a vehicle or off of your feet? Did you hit your head? Was something propelled or thrown at you/your head by the blast/accident? If yes, ask pt to provide as much information and detail as possible. Note type of vehicle and position in the vehicle if pt was in a vehicle at the time of the blast.

i. Did you experience any changes in your vision or hearing during the accident? Establish that the pt is not reporting mental status change when was in fact hearing/vision change.

- Uncertain
- No
- Yes

Any bleeding from your eardrum?

- Uncertain
- No
- Yes

j. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform duties as expected) after the blast/accident? If so, for how long? With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident vs. the chaos surrounding the event. Probe if others thought pt was functioning normally.

k. Did you experience a loss of consciousness at the time of the blast/accident (were you ‘knocked out’)? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? Probe to ensure LOC is not due to anoxia/alcohol/substance overdose. Probe to differentiate LOC from PTA (if possible).

- Uncertain
- No
- Yes

l. Did you experience any of the following immediately after the event? Note general Sx duration.

- Headaches
  - Duration: ________
- Trouble thinking
  - Duration: ________
- Nausea
  - Duration: ________
- Dizziness
  - Duration: ________
- Fatigue
  - Duration: ________
- Poor coordination, balance problems, or slowed reaction times
  - Duration: ________
- Sensory changes (Hearing/Vision/Taste/Smell)
  - Duration: ________
- Numbness or tingling
  - Duration: ________
- Mood changes (Anxiety/Depression/Irritability)
  - Duration: ________
- Sleep trouble
  - Duration: ________
- Other: ____________________________________________
  - Duration: ________

3. At the time of the blast/accident, were you wearing a helmet, and if so was it modified (equipped with upgrade kit)?

- Uncertain
- No
- Yes

If yes, was it modified?

- Uncertain
- No
- Yes

If yes, did the helmet stay on your head?

- Uncertain
- No
- Yes
4. At the time of blast/accident, were you wearing Kevlar body armor?
   - Uncertain
   - No
   - Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?
   - Uncertain
   - No
   - Yes
     If yes, MACE (field mental status eval)?
     - Uncertain
     - No
     - Yes
     If yes, was anything documented in your medical record?
     - Uncertain
     - No
     - Yes
     If yes, do you have access to those records?
     - Uncertain
     - No
     - Yes

6. Did you experience a disruption of duty after the blast/accident?
   - Uncertain
   - No
   - Yes
     If Yes:
     For how long were you pulled from duty? ________________________________
     Did you return to active duty? ________________________________
     Did this event lead to medical hold? ________________________________
     Sick leave? ________________________________
     Discharge? ________________________________

**EVALUATE MILITARY BLAST #2:**

**Using the questions above, or in spontaneous dialogue, evaluate the following:**

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>If yes, enter the estimated duration of the AMS?</em> hr / min / sec</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMS = AMS + PTA + LOC</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTA:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>If yes, enter the estimated duration of the PTA?</em> hr / min / sec</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>PTA = PTA + LOC</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOC:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>If yes, enter the estimated duration of the LOC?</em> hr / min / sec</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Substance Related:**
- NO
- YES

**Setting of Injury:**
- Combat
- Non-Combat
  - Military (e.g., training)

**Emotional Context of Injury:**
- Traumatic
- Non-traumatic

---

**Blast Injuries:**
- **Primary:** Injury from over-pressurization force (blast wave) impacting the body surface — TM rupture, pulmonary damage and air embolization, hollow viscus injury
- **Secondary:** Injury from projectiles (bomb fragments, flying debris) — Penetrating trauma, fragmentation injuries, blunt trauma
- **Tertiary:** Injuries from displacement of victim by the blast wind — Blunt/penetrating trauma, fractures, and traumatic amputations
- **Quaternary:** All other injuries from the blast — Crush injuries, burns, asphyxia, toxic exposures, exacerbations of chronic illness
MILITARY BLAST #3 (Third Most Severe):

1. What type of blast/accident was it?

- Unknown
- Grenade
- Bomb
- Other: ____________________________
- IED
- Land mine
- Rocket
- RPG
- Mortar
- Suicide vest/bomb

2. Do you remember the blast/accident itself? If yes, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?

   a. Were others seriously injured?
      - Uncertain
      - No
      - Yes

   b. How far away was the blast/explosion? Clarify/confirm distance of closest blast/explosion for consistency. If patient is uncertain, encourage pt to provide an estimate.

   c. What is the last thing you can remember just before the blast/accident? Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.

   d. What is the first thing you can remember just after the blast/accident? Following pt's response ask, How long do you think that was after the blast? Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.

   e. If injury is the result of an IED or bomb ask, Do you remember hearing the explosion?
      - Uncertain
      - No
      - Yes

   f. Do you remember feeling the pressure changes associated with the blast?
      - Uncertain
      - No
      - Yes

   g. What direction did the blast wave/blast come from? (multiple boxes may be checked)

      - Uncertain
      - Front
      - Back
      - Left
      - Right
      - Under
      - Above

      Was it an incoming blast?
      - Uncertain
      - No
      - Yes
      If no, What type/direction: ____________________________
h. Were you thrown by the blast/accident, either out of a vehicle or off of your feet? Did you hit your head? Was something propelled or thrown at you/your head by the blast/accident? If yes, ask pt to provide as much information and detail as possible. Note type of vehicle and position in the vehicle if pt was in a vehicle at the time of the blast.

i. Did you experience any changes in your vision or hearing during the accident? Establish that the pt is not reporting mental status change when was in fact hearing/vision change.

- Uncertain
- No
- Yes

Any bleeding from your eardrum?

- Uncertain
- No
- Yes

j. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform duties as expected) after the blast/accident? If so, for how long? With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident vs. the chaos surrounding the event. Probe if others thought pt was functioning normally.

k. Did you experience a loss of consciousness at the time of the blast/accident (were you ‘knocked out’)? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? Probe to ensure LOC is not due to anoxia/alcohol/substance overdose. Probe to differentiate LOC from PTA (if possible).

- Uncertain
- No
- Yes

l. Did you experience any of the following immediately after the event? Note general Sx duration.

- Headaches
- Trouble thinking
- Nausea
- Dizziness
- Fatigue
- Poor coordination, balance problems, or slowed reaction times
- Sensory changes (Hearing/Vision/Taste/Smell)
- Numbness or tingling
- Mood changes (Anxiety/Depression/Irritability)
- Sleep trouble
- Other: ____________________________

3. At the time of the blast/accident, were you wearing a helmet, and if so was it modified (equipped with upgrade kit)?

- Uncertain
- No
- Yes

If yes, was it modified?

- Uncertain
- No
- Yes

If yes, did the helmet stay on your head?

- Uncertain
- No
- Yes
4. At the time of blast/accident, were you wearing Kevlar body armor?

- Uncertain
- No
- Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- Uncertain
- No
- Yes

If yes, MACE (field mental status eval)?

- Uncertain
- No
- Yes

If yes, was anything documented in your medical record?

- Uncertain
- No
- Yes

If yes, do you have access to those records?

- Uncertain
- No
- Yes

6. Did you experience a disruption of duty after the blast/accident?

- Uncertain
- No
- Yes

If Yes:

- For how long were you pulled from duty?
- Did you return to active duty?
- Did this event lead to medical hold?
- Sick leave?
- Discharge?

**EVALUATE MILITARY BLAST #3:**

Using the questions above, or in spontaneous dialogue, evaluate the following:

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the AMS?</td>
<td>hr / min / sec</td>
<td></td>
</tr>
<tr>
<td><em>AMS = AMS + PTA + LOC</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTA:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the PTA?</td>
<td>hr / min / sec</td>
<td></td>
</tr>
<tr>
<td><em>PTA = PTA + LOC</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOC:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the LOC?</td>
<td>hr / min / sec</td>
<td></td>
</tr>
</tbody>
</table>

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when blast occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

**Substance Related:**

- NO
- YES

**Setting of Injury:**

- Combat
- Non-Combat

**Military (e.g., training)**

**Emotional Context of Injury:**

- Traumatic
- Non-traumatic

**Blast Injuries:**

- **Primary:** Injury from over-pressurization force (blast wave) impacting the body surface — TM rupture, pulmonary damage and air embolization, hollow viscus injury
- **Secondary:** Injury from projectiles (bomb fragments, flying debris) — Penetrating trauma, fragmentation injuries, blunt trauma
- **Tertiary:** Injuries from displacement of victim by the blast wind — Blunt/penetrating trauma, fractures, and traumatic amputations
- **Quaternary:** All other injuries from the blast — Crush injuries, burns, asphyxia, toxic exposures, exacerbations of chronic illness
BLAST FINAL QUERY:

Is there anything else related to your military duties that exposed you to a high rate of blasts or explosives? *(Regardless of presence or absence of acute AMS/PTA/LOC)*

- Uncertain
- No  *If no, query specific causes listed below.*
- Yes  *If yes, What was the cause of the injury?*
  - Breaches or Breach training: # Occurrences: _____
  - Flashbangs: # Occurrences: _____
  - Large munitions (such as a Horwitzer): # Occurrences: _____
  - RPG or rocket propelled grenade launcher: # Occurrences: ________________
  - SWAT or other shoulder launcher: # Occurrences: ________________
  - Other: Type: __________________________ # Occurrences: _____

Total Repetitive Blasts/Exposures: _______

*If acute symptoms are reported, assess further following format for Blast Injuries in the preceding section.

MILITARY OTHER:

Have you experienced other blows to the head during your time in the military? *(Patient report, you will evaluate below)*

- Uncertain
- No  *If no, query specific causes listed below, as well as further losses of consciousness or PTA then discontinue questionnaire if none.*
- Yes  *If yes, What was the cause of the injury?*
  - MVA
  - Fall
  - Training-related injury (e.g., obstables, combatives, pugil stick, jumps)
  - Sports-related injury (e.g., football, hockey, baseball, basketball, soccer, lacrosse, boxing, wrestling, martial arts)
  - Physical assault/fights
  - Penetrating injury
  - Other: Type __________________________

Next, I am going to ask you about the [number 1 – 3] worst or most severe non-blast head injuries you experienced during your deployment.

MILITARY OTHER #1 (Most Severe):

Age (or best estimate) at time of occurrence: _______

1. What type of accident was it?
   - MVA  - Physical assault
   - Fall  - Penetrating injury
   - Sports-related injury  - Other: __________________________
2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?
   - Uncertain
   - No
   - Yes

b. What is the last thing you can remember just **before** the event?

c. What is the first thing you can remember just **after** the event? **Following pt's response ask**, How long do you think that was after the event?

d. Did you experience any changes in your vision or hearing after the event? **Establish that the pt is not reporting mental status change when was in fact hearing/vision change.**

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform duties as expected) after the event? If so, for how long? **With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.**

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? **Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.**
g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td></td>
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<tr>
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<td>Dizziness</td>
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<td>Fatigue</td>
<td></td>
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<tr>
<td>Poor coordination, balance problems, or slowed reaction times</td>
<td></td>
</tr>
<tr>
<td>Sensory changes (Hearing/Vision/Taste/Smell)</td>
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</tr>
<tr>
<td>Numbness or tingling</td>
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<tr>
<td>Mood changes (Anxiety/Depression/Irritability)</td>
<td></td>
</tr>
<tr>
<td>Sleep trouble</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

3. At the time of the accident, were you wearing a helmet, and if so modified (equipped with the upgrade kit)?

- Uncertain
- No
- Yes *If yes, Modified?  No  Yes*

4. At the time of accident, were you wearing Kevlar body armor?

- Uncertain
- No
- Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- Uncertain
- No
- Yes

6. Did you experience a disruption of duty after the accident?

- Uncertain
- No
- Yes *If Yes:*

  - For how long were you pulled from duty? ________________________________
  - Did you return to active duty? ________________________________
  - Did this event lead to medical hold? ________________________________
  - Sick leave? ________________________________
  - Discharge? ________________________________
| **EVALUATE MILITARY OTHER #1:** |  |
| **Using the questions above, or in spontaneous dialogue, evaluate the following:** |  |
| **Alteration of mental status:** |  |
| Q NO  Q YES |  |
| If yes, enter the estimated duration of the AMS? __________ hr / min / sec |  |
| *AMS = AMS + PTA + LOC |  |
| **PTA:** |  |
| Q NO  Q YES |  |
| If yes, enter the estimated duration of the PTA? __________ hr / min / sec |  |
| *PTA = PTA + LOC |  |
| **LOC:** |  |
| Q NO  Q YES |  |
| If yes, enter the estimated duration of the LOC? __________ hr / min / sec |  |
| **Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)** |  |
| Q Uncertain  Q No  Q Yes |  |

**Substance Related:**
- Q NO
- Q YES

**Setting of Injury:**
- Q Combat
- Q Non-Combat
  - Military (e.g., training)

**Emotional Context of Injury:**
- Q Traumatic
- Q Non-traumatic
1. What type of accident was it?
   - MVA
   - Physical assault
   - Fall
   - Penetrating injury
   - Sports-related injury
   - Other: _____________________________

2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?
   
a. Were others seriously injured?
      - Uncertain
      - No
      - Yes
   
b. What is the last thing you can remember just before the event?
   
c. What is the first thing you can remember just after the event? Following pt’s response ask, How long do you think that was after the event?
   
d. Did you experience any changes in your vision or hearing after the event? Establish that the pt is not reporting mental status change when in fact hearing/vision change.
   
e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform duties as expected) after the event? If so, for how long? With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.
   
f. Did you experience a loss of consciousness at the time of the blast/accident (were you ‘knocked out’)? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? **Probe**
to ensure LOC is not due to anoxia/alcohol/substance overdose.

g. Did you experience any of the following immediately after the event? Note general Sx duration.

- Headaches
- Trouble thinking
- Nausea
- Dizziness
- Fatigue
- Poor coordination, balance problems, or slowed reaction times
- Sensory changes (Hearing/Vision/Taste/Smell)
- Numbness or tingling
- Mood changes (Anxiety/Depression/Irritability)
- Sleep trouble
- Other: ____________________________

Duration: ______

3. At the time of the accident, were you wearing a helmet, and if so modified (equipped with the upgrade kit)?

- Uncertain
- No
- Yes

If yes, Modified? No Yes

4. At the time of accident, were you wearing Kevlar body armor?

- Uncertain
- No
- Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- Uncertain
- No
- Yes

6. Did you experience a disruption of duty after the accident?

- Uncertain
- No
- Yes

If Yes:

For how long were you pulled from duty? ____________________________

Did you return to active duty? ____________________________

Did this event lead to medical hold? ____________________________

Sick leave? ____________________________

Discharge? ____________________________
**EVALUATE MILITARY OTHER #2:**

Using the questions above, or in spontaneous dialogue, evaluate the following:

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
<th>☐ NO ☐ YES</th>
<th>Substance Related:</th>
<th>☐ NO ☐ YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, enter the estimated duration of the AMS? __________ hr / min / sec</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*AMS = AMS + PTA + LOC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTA:</td>
<td>☐ NO ☐ YES</td>
<td>Setting of Injury:</td>
<td>☐ Combat ☐ Non-Combat Military (e.g., training)</td>
</tr>
<tr>
<td></td>
<td>If yes, enter the estimated duration of the PTA? __________ hr / min / sec</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*PTA = PTA + LOC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOC:</td>
<td>☐ NO ☐ YES</td>
<td>Emotional Context of Injury:</td>
<td>☐ Traumatic ☐ Non-traumatic</td>
</tr>
<tr>
<td></td>
<td>If yes, enter the estimated duration of the LOC? __________ hr / min / sec</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Does the patient actually recall this information themselves?**

- ☐ Uncertain
- ☐ No
- ☐ Yes

(e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)
MILITARY OTHER #3 (Third Most Severe):

**Age (or best estimate) at time of occurrence:** ______

1. **What type of accident was it?**

- MVA
- Physical assault
- Fall
- Penetrating injury
- Sports-related injury
- Other: ____________________________

2. **Do you remember the event itself? If yes, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?**

   a. Were others seriously injured?
      - Uncertain
      - No
      - Yes

   b. What is the last thing you can remember just before the event?

   c. What is the first thing you can remember just after the event? Following pt’s response ask, How long do you think that was after the event?

   d. Did you experience any changes in your vision or hearing after the event? Establish that the pt is not reporting mental status change when was in fact hearing/vision change.

   e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform duties as expected) after the event? If so, for how long? With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.

   f. Did you experience a loss of consciousness at the time of the blast/accident (were you ‘knocked out’)? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? **Probe**
g. Did you experience any of the following immediately after the event? Note general Sx duration.

- Headaches   Duration: ________
- Trouble thinking   Duration: ________
- Nausea   Duration: ________
- Dizziness   Duration: ________
- Fatigue   Duration: ________
- Poor coordination, balance problems, or slowed reaction times   Duration: ________
- Sensory changes (Hearing/Vision/Taste/Smell)   Duration: ________
- Numbness or tingling   Duration: ________
- Mood changes (Anxiety/Depression/Irritability)   Duration: ________
- Sleep trouble   Duration: ________
- Other: ___________________________________________   Duration: ________

3. At the time of the accident, were you wearing a helmet, and if so modified (equipped with the upgrade kit)?

- Uncertain
- No
- Yes  If yes, Modified?  No  Yes

4. At the time of accident, were you wearing Kevlar body armor?

- Uncertain
- No
- Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- Uncertain
- No
- Yes

6. Did you experience a disruption of duty after the accident?

- Uncertain
- No
- Yes  If Yes:
  For how long were you pulled from duty? ________________________________________
  Did you return to active duty? ________________________________________
  Did this event lead to medical hold? ________________________________________
  Sick leave? ________________________________________
  Discharge? ________________________________________
**EVALUATE MILITARY OTHER #3:**

Using the questions above, or in spontaneous dialogue, evaluate the following:

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
<th>☐ NO ☐ YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the AMS? ______ hr / min / sec</td>
<td>*AMS = AMS + PTA + LOC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTA:</th>
<th>☐ NO ☐ YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the PTA? ______ hr / min / sec</td>
<td>*PTA = PTA + LOC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOC:</th>
<th>☐ NO ☐ YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the LOC? ______ hr / min / sec</td>
<td></td>
</tr>
</tbody>
</table>

**Substance Related:**
- ☐ NO
- ☐ YES

**Setting of Injury:**
- ☐ Combat
- ☐ Non-Combat Military (e.g., training)

**Emotional Context of Injury:**
- ☐ Traumatic
- ☐ Non-traumatic

**Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)**

- ☐ Uncertain
- ☐ No
- ☐ Yes
In this next section I am going to ask you about any head injuries you experienced either prior to your military service or following your discharge from the military.

**PRE-MILITARY:**

Have you experienced other blows to the head before your time in the military? *(Patient report, you will evaluate below)*

- [ ] Uncertain
- [ ] No  *If no, query further losses of consciousness or PTA, then discontinue questionnaire if none.*
- [ ] Yes  *If yes, What was the cause of the injury?*
  - [ ] MVA
  - [ ] Fall
  - [ ] Sports-related injury (e.g., football, hockey, baseball, basketball, soccer, lacrosse, boxing, wrestling, martial arts)
  - [ ] Physical assault/fights
  - [ ] Penetrating injury
  - [ ] Other: Type ____________________

Next, I am going to ask you about the [number 1 – 3] worst or most severe head injuries you experienced before your military service.

**PRE-MILITARY #1 (Most Severe):**

Age (or best estimate) at time of occurrence: ______

1. What type of accident was it?
   - [ ] MVA  [ ] Physical assault
   - [ ] Fall  [ ] Penetrating injury
   - [ ] Sports-related injury  [ ] Other: ______________________

2. Do you remember the event itself? *If yes, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?*
   a. Were others seriously injured?
      - [ ] Uncertain  [ ] No  [ ] Yes
   b. What is the last thing you can remember just before the event?
c. What is the first thing you can remember just after the event? Following pt’s response ask, How long do you think that was after the event?

d. Did you experience any changes in your vision or hearing after the event? Establish that the pt is not reporting mental status change when was in fact hearing/vision change.

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.

g. Did you experience any of the following immediately after the event? Note general Sx duration.

<table>
<thead>
<tr>
<th>Sx</th>
<th>Duration: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>Trouble thinking</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>Poor coordination, balance problems, or slowed reaction times</td>
<td>Duration: ________</td>
</tr>
<tr>
<td>Sensory changes (Hearing/Vision/Taste/Smell)</td>
<td>Duration: ________</td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td></td>
</tr>
<tr>
<td>Mood changes (Anxiety/Depression/Irritability)</td>
<td>Duration: ________</td>
</tr>
<tr>
<td>Sleep trouble</td>
<td></td>
</tr>
<tr>
<td>Other: ________________________________</td>
<td>Duration: ________</td>
</tr>
</tbody>
</table>
3. After the injury did you see a physician, trainer, or other trained personnel?
   - Uncertain
   - No
   - Yes

4. After the injury were you restricted from school, work, or physical exertion?
   - Uncertain
   - No
   - Yes
     - If Yes:
       - For how long were you away from work/school/duties?
       - Did you return to work/school/duties?
       - Did this event lead to medical leave of absence?

**EVALUATE PRE-MILITARY #1**

Using the questions above, or in spontaneous dialogue, evaluate the following:

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the AMS? __________ hr / min / sec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AMS = AMS + PTA + LOC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTA:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the PTA? __________ hr / min / sec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*PTA = PTA + LOC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOC:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the LOC? __________ hr / min / sec</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

**Substance Related:**
- NO
- YES

**Emotional Context of Injury:**
- Traumatic
- Non-traumatic
1. What type of accident was it?
- MVA
- Physical assault
- Fall
- Penetrating injury
- Sports-related injury
- Other: ____________________________

2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?

   a. Were others seriously injured?
      - Uncertain
      - No
      - Yes

   b. What is the last thing you can remember just **before** the event?

   c. What is the first thing you can remember just **after** the event? Following pt’s response ask, How long do you think that was after the event?

   d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

   e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

   f. Did you experience a loss of consciousness at the time of the blast/accident (were you ‘knocked out’)? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*
g. Did you experience any of the following immediately after the event? Note general Sx duration.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>Trouble thinking</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>Poor coordination, balance problems, or slowed reaction times</td>
<td></td>
</tr>
<tr>
<td>Sensory changes (Hearing/Vision/Taste/Smell)</td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td></td>
</tr>
<tr>
<td>Mood changes (Anxiety/Depression/Irritability)</td>
<td></td>
</tr>
<tr>
<td>Sleep trouble</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes

  **If Yes:**
  
  - For how long were you away from work/school/duties? ________________
  - Did you return to work/school/duties?
  - Did this event lead to medical leave of absence? ________________

---

**EVALUATE PRE-MILITARY #2:**

**Using the questions above, or in spontaneous dialogue, evaluate the following:**

<table>
<thead>
<tr>
<th>Alteration of mental status</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| NO                          | YES
| If yes, enter the estimated duration of the AMS? ______ hr / min / sec |
| *AMS = AMS + PTA + LOC      |

<table>
<thead>
<tr>
<th>PTA:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| NO                          | YES
| If yes, enter the estimated duration of the PTA? ______ hr / min / sec |
| *PTA = PTA + LOC            |

<table>
<thead>
<tr>
<th>LOC:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| NO                          | YES
| If yes, enter the estimated duration of the LOC? ______ hr / min / sec |

**Substance Related:**

- NO
- YES

**Emotional Context of Injury:**

- Traumatic
- Non-traumatic

**Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)**

- Uncertain
- No
- Yes
1. What type of accident was it?
- MVA
- Physical assault
- Fall
- Penetrating injury
- Sports-related injury
- Other: _______________________

2. Do you remember the event itself? **If yes,** Can you describe it to me? If you don’t remember, can you tell me what other people said happened?

   a. Were others seriously injured?
      - Uncertain
      - No
      - Yes

   b. What is the last thing you can remember just **before** the event?

   c. What is the first thing you can remember just **after** the event? Following pt’s response ask, How long do you think that was after the event?

   d. Did you experience any changes in your vision or hearing after the event? **Establish that the pt is not reporting mental status change when was in fact hearing/vision change.**

   e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? **With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.**

   f. Did you experience a loss of consciousness at the time of the blast/accident (were you ‘knocked out’)? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? **Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.**
g. Did you experience any of the following immediately after the event? Note general Sx duration.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td></td>
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<tr>
<td>Trouble thinking</td>
<td></td>
</tr>
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<td>Nausea</td>
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<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>Poor coordination, balance problems, or slowed reaction times</td>
<td></td>
</tr>
<tr>
<td>Sensory changes (Hearing/Vision/Taste/Smell)</td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td></td>
</tr>
<tr>
<td>Mood changes (Anxiety/Depression/Irritability)</td>
<td></td>
</tr>
<tr>
<td>Sleep trouble</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes
  - If Yes:
    - For how long were you away from work/school/duties?
    - Did you return to work/school/duties?
    - Did this event lead to medical leave of absence?

**EVALUATE PRE-MILITARY #3:**

Using the questions above, or in spontaneous dialogue, evaluate the following:

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
</tr>
<tr>
<td>If yes, enter the estimated duration of the AMS? hr / min / sec</td>
</tr>
<tr>
<td><strong>AMS = AMS + PTA + LOC</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
</tr>
<tr>
<td>If yes, enter the estimated duration of the PTA? hr / min / sec</td>
</tr>
<tr>
<td><strong>PTA = PTA + LOC</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
</tr>
<tr>
<td>If yes, enter the estimated duration of the LOC? hr / min / sec</td>
</tr>
</tbody>
</table>

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

Substance Related:

- NO
- YES

Emotional Context of Injury:

- Traumatic
- Non-traumatic
Have you experienced other blows to the head after your time in the military? (Patient report, you will evaluate below)

- Uncertain
- No If no, query further losses of consciousness or PTA, then discontinue questionnaire if none.
- Yes If yes, What was the cause of the injury?
  - MVA
  - Fall
  - Sports-related injury (e.g., football, hockey, baseball, basketball, soccer, lacrosse, boxing, wrestling, martial arts)
  - Physical assault/fights
  - Penetrating injury
  - Other: Type ________________

Next, I am going to ask you about the [number 1 – 3] worst or most severe head injuries you experienced after your military service.

POST-MILITARY #1 (Most Severe):

Age (or best estimate) at time of occurrence: _______

1. What type of accident was it?
   - MVA
   - Fall
   - Sports-related injury
   - Other: ________________________________

2. Do you remember the event itself? If yes, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?
   a. Were others seriously injured?
      - Uncertain
      - No
      - Yes
   b. What is the last thing you can remember just before the event?
   c. What is the first thing you can remember just after the event? Following pt’s response ask, How long do you think that was after the event?
d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you ‘knocked out’)? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>________</td>
</tr>
<tr>
<td>Trouble thinking</td>
<td>________</td>
</tr>
<tr>
<td>Nausea</td>
<td>________</td>
</tr>
<tr>
<td>Dizziness</td>
<td>________</td>
</tr>
<tr>
<td>Fatigue</td>
<td>________</td>
</tr>
<tr>
<td>Poor coordination, balance problems, or slowed reaction times</td>
<td></td>
</tr>
<tr>
<td>Sensory changes (Hearing/Vision/Taste/Smell)</td>
<td>________</td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td>________</td>
</tr>
<tr>
<td>Mood changes (Anxiety/Depression/Irritability)</td>
<td>________</td>
</tr>
<tr>
<td>Sleep trouble</td>
<td>________</td>
</tr>
<tr>
<td>Other:</td>
<td>________</td>
</tr>
</tbody>
</table>

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes  *

*If Yes:*

- For how long were you away from work/school/duties? __________________________________________
- Did you return to work/school/duties? ________________________________________________________
- Did this event lead to medical leave of absence? ______________________________________________
**EVALUATE POST-MILITARY #1:**

Using the questions above, or in spontaneous dialogue, evaluate the following:

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
<th>☐ NO ☐ YES</th>
<th>If yes, enter the estimated duration of the AMS? _________ hr / min / sec</th>
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<tr>
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<td>*AMS = AMS + PTA + LOC</td>
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<th>LOC:</th>
<th>☐ NO ☐ YES</th>
<th>If yes, enter the estimated duration of the LOC? _________ hr / min / sec</th>
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</thead>
</table>

- Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)
  - ☐ Uncertain ☐ No ☐ Yes

**Substance Related:**
- ☐ NO ☐ YES

**Emotional Context of Injury:**
- ☐ Traumatic ☐ Non-traumatic
POST-MILITARY #2 (Second Most Severe):

Age (or best estimate) at time of occurrence: ________

1. What type of accident was it?

- MVA
- Physical assault
- Fall
- Penetrating injury
- Sports-related injury
- Other: __________________________

2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?

   a. Were others seriously injured?
   - Uncertain
   - No
   - Yes

   b. What is the last thing you can remember just **before** the event?

   c. What is the first thing you can remember just **after** the event? Following pt’s response ask, How long do you think that was after the event?

   d. Did you experience any changes in your vision or hearing after the event? Establish that the pt is not reporting mental status change when was in fact hearing/vision change.

   e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.

   f. Did you experience a loss of consciousness at the time of the blast/accident (were you ‘knocked out’)? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.
g. Did you experience any of the following immediately after the event? Note general Sx duration.

- Headaches
- Trouble thinking
- Nausea
- Dizziness
- Fatigue
- Poor coordination, balance problems, or slowed reaction times
- Sensory changes (Hearing/Vision/Taste/Smell)
- Numbness or tingling
- Mood changes (Anxiety/Depression/Irritability)
- Sleep trouble
- Other: ___________________________

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes
  If Yes:
  - For how long were you away from work/school/duties? ___________________________
  - Did you return to work/school/duties?
  - Did this event lead to medical leave of absence? ___________________________

---

**EVALUATE POST-MILITARY #2:**

Using the questions above, or in spontaneous dialogue, evaluate the following:

<table>
<thead>
<tr>
<th>Alteration of mental status:</th>
<th>NO</th>
<th>YES</th>
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<tr>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

**Does the patient actually recall this information themselves?** (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

**Substance Related:**

- NO
- YES

**Emotional Context of Injury:**

- Traumatic
- Non-traumatic
POST-MILITARY #3 (Third Most Severe):

Age (or best estimate) at time of occurrence: ________

1. What type of accident was it?

- MVA
- Physical assault
- Fall
- Penetrating injury
- Sports-related injury
- Other: ____________________________

2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don’t remember, can you tell me what other people said happened?

a. Were others seriously injured?
   - Uncertain
   - No
   - Yes

b. What is the last thing you can remember just **before** the event?

c. What is the first thing you can remember just **after** the event? **Following pt’s response ask**, How long do you think that was after the event?

d. Did you experience any changes in your vision or hearing after the event? Establish that the pt is not reporting mental status change when was in fact hearing/vision change.

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? **With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.**

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? **Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.**
g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Duration:</th>
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</thead>
<tbody>
<tr>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>Trouble thinking</td>
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<td>Fatigue</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>times</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
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<td></td>
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</tbody>
</table>

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes

 If Yes:
- For how long were you away from work/school/duties? ____________________________
- Did you return to work/school/duties? ____________________________
- Did this event lead to medical leave of absence? ____________________________

**EVALUATE POST-MILITARY #3:**

Using the questions above, or in spontaneous dialogue, evaluate the following:

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<th>Alteration of mental status:</th>
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<table>
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<tr>
<th>PTA:</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the PTA? _________ hr / min / sec</td>
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<td></td>
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<td><em>PTA = PTA + LOC</em></td>
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<tr>
<th>LOC:</th>
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<tr>
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</table>

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

**Substance Related:**

- NO
- YES

**Emotional Context of Injury:**

- Traumatic
- Non-traumatic
**BLUNT FINAL QUERY:**

Is there anything else related to either your military duties or other life events that we haven’t already talked about that exposed you to a high rate of repetitive blows to the head? *(Regardless of presence or absence of acute AMS/PTA/LOC)*

- **Uncertain**
- **No**  
  If no, query specific causes listed below.
- **Yes**  
  If yes, What was the cause of the injury?
  - Sports-related (football, hockey, martial arts, boxing, roller-blading, biking, skateboarding, etc): # Occurrences: __________
  - Jumps: # Occurrences: __________
  - Combatives of any type: # Occurrences: __________
  - Assaults or Domestic Violence: # Occurrences: __________
  - Other: Type: _____________________________ # Occurrences: _____

**Total Repetitive Blows: __________**

*If acute symptoms are reported, assess further following format for TBI Injuries in the preceding sections.*