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

Please do not copy or distribute without permission from TRACTS.
**BAT-L**

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.

<table>
<thead>
<tr>
<th>BAT-L Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary Score Tables</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Military Injuries</strong></td>
<td></td>
</tr>
<tr>
<td>Blast-related</td>
<td>6</td>
</tr>
<tr>
<td>Blast final query</td>
<td>16</td>
</tr>
<tr>
<td>Military-Other</td>
<td></td>
</tr>
<tr>
<td><strong>Civilian Injuries</strong></td>
<td></td>
</tr>
<tr>
<td>Pre-Military</td>
<td>25</td>
</tr>
<tr>
<td>Post-Military</td>
<td>32</td>
</tr>
<tr>
<td>Blunt final query</td>
<td>40</td>
</tr>
</tbody>
</table>

**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>Grade I</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>
<td>&gt; 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>
<td></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>
<td>&gt; 7 days</td>
</tr>
<tr>
<td>Glasgow Coma Scale</td>
<td>13 - 15</td>
<td>9 - 12</td>
<td>&lt; 9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total # Blast TBIs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1st Most Severe

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

<table>
<thead>
<tr>
<th>Severity</th>
<th>If Mild:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Stage I</td>
</tr>
<tr>
<td>Moderate</td>
<td>Stage II</td>
</tr>
<tr>
<td>Severe</td>
<td>Stage III</td>
</tr>
</tbody>
</table>

| BATL Score (0 – 5)           |                |

<table>
<thead>
<tr>
<th>Nature of Blast</th>
<th>(Head)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>Head: Yes No</td>
</tr>
<tr>
<td>Tertiary</td>
<td>Head: Yes No</td>
</tr>
<tr>
<td>Quaternary</td>
<td>Head: Yes No</td>
</tr>
</tbody>
</table>

### 2nd Most Severe

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

<table>
<thead>
<tr>
<th>Severity</th>
<th>If Mild:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Stage I</td>
</tr>
<tr>
<td>Moderate</td>
<td>Stage II</td>
</tr>
<tr>
<td>Severe</td>
<td>Stage III</td>
</tr>
</tbody>
</table>

| BATL Score (0 – 5)           |                |

<table>
<thead>
<tr>
<th>Nature of Blast</th>
<th>(Head)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>Head: Yes No</td>
</tr>
<tr>
<td>Tertiary</td>
<td>Head: Yes No</td>
</tr>
<tr>
<td>Quaternary</td>
<td>Head: Yes No</td>
</tr>
</tbody>
</table>

### 3rd Most Severe

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

<table>
<thead>
<tr>
<th>Severity</th>
<th>If Mild:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Stage I</td>
</tr>
<tr>
<td>Moderate</td>
<td>Stage II</td>
</tr>
<tr>
<td>Severe</td>
<td>Stage III</td>
</tr>
</tbody>
</table>

| BATL Score (0 – 5)           |                |

<table>
<thead>
<tr>
<th>Nature of Blast</th>
<th>(Head)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>Head: Yes No</td>
</tr>
<tr>
<td>Tertiary</td>
<td>Head: Yes No</td>
</tr>
<tr>
<td>Quaternary</td>
<td>Head: Yes No</td>
</tr>
</tbody>
</table>
### MILITARY OTHER:

<table>
<thead>
<tr>
<th>Total # Other TBIs:</th>
</tr>
</thead>
</table>

<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>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMS</strong></td>
<td><strong>AMS</strong></td>
<td><strong>AMS</strong></td>
</tr>
<tr>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
</tr>
<tr>
<td><strong>PTA</strong></td>
<td><strong>PTA</strong></td>
<td><strong>PTA</strong></td>
</tr>
<tr>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
</tr>
<tr>
<td><strong>LOC</strong></td>
<td><strong>LOC</strong></td>
<td><strong>LOC</strong></td>
</tr>
<tr>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
</tr>
<tr>
<td>❑ Mild</td>
<td>❑ Mild</td>
<td>❑ Mild</td>
</tr>
<tr>
<td>❑ Moderate</td>
<td>❑ Moderate</td>
<td>❑ Moderate</td>
</tr>
<tr>
<td>❑ Severe</td>
<td>❑ Severe</td>
<td>❑ Severe</td>
</tr>
<tr>
<td>If Mild:</td>
<td>If Mild:</td>
<td>If Mild:</td>
</tr>
<tr>
<td>❑ Stage I</td>
<td>❑ Stage I</td>
<td>❑ Stage I</td>
</tr>
<tr>
<td>❑ Stage II</td>
<td>❑ Stage II</td>
<td>❑ Stage II</td>
</tr>
<tr>
<td>❑ Stage III</td>
<td>❑ Stage III</td>
<td>❑ Stage III</td>
</tr>
<tr>
<td><strong>BATL Score (0 – 5)</strong></td>
<td><strong>BATL Score (0 – 5)</strong></td>
<td><strong>BATL Score (0 – 5)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nature of Injury</strong></td>
<td><strong>Nature of Injury</strong></td>
<td><strong>Nature of Injury</strong></td>
</tr>
<tr>
<td>❑ MVA</td>
<td>❑ MVA</td>
<td>❑ MVA</td>
</tr>
<tr>
<td>❑ Fall</td>
<td>❑ Fall</td>
<td>❑ Fall</td>
</tr>
<tr>
<td>❑ Sports-Related</td>
<td>❑ Sports-Related</td>
<td>❑ Sports-Related</td>
</tr>
<tr>
<td>If Other: _______</td>
<td>If Other: _______</td>
<td>If Other: _______</td>
</tr>
</tbody>
</table>

### PRE-MILITARY:

<table>
<thead>
<tr>
<th>Total # MILITARY:</th>
</tr>
</thead>
</table>

<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>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMS</strong></td>
<td><strong>AMS</strong></td>
<td><strong>AMS</strong></td>
</tr>
<tr>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
</tr>
<tr>
<td><strong>PTA</strong></td>
<td><strong>PTA</strong></td>
<td><strong>PTA</strong></td>
</tr>
<tr>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
</tr>
<tr>
<td><strong>LOC</strong></td>
<td><strong>LOC</strong></td>
<td><strong>LOC</strong></td>
</tr>
<tr>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
<td>hr / min / sec</td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
<td><strong>Severity</strong></td>
</tr>
<tr>
<td>❑ Mild</td>
<td>❑ Mild</td>
<td>❑ Mild</td>
</tr>
<tr>
<td>❑ Moderate</td>
<td>❑ Moderate</td>
<td>❑ Moderate</td>
</tr>
<tr>
<td>❑ Severe</td>
<td>❑ Severe</td>
<td>❑ Severe</td>
</tr>
<tr>
<td>If Mild:</td>
<td>If Mild:</td>
<td>If Mild:</td>
</tr>
<tr>
<td>❑ Stage I</td>
<td>❑ Stage I</td>
<td>❑ Stage I</td>
</tr>
<tr>
<td>❑ Stage II</td>
<td>❑ Stage II</td>
<td>❑ Stage II</td>
</tr>
<tr>
<td>❑ Stage III</td>
<td>❑ Stage III</td>
<td>❑ Stage III</td>
</tr>
<tr>
<td><strong>BATL Score (0 – 5)</strong></td>
<td><strong>BATL Score (0 – 5)</strong></td>
<td><strong>BATL Score (0 – 5)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nature of Injury</strong></td>
<td><strong>Nature of Injury</strong></td>
<td><strong>Nature of Injury</strong></td>
</tr>
<tr>
<td>❑ MVA</td>
<td>❑ MVA</td>
<td>❑ MVA</td>
</tr>
<tr>
<td>❑ Fall</td>
<td>❑ Fall</td>
<td>❑ Fall</td>
</tr>
<tr>
<td>❑ Sports</td>
<td>❑ Sports</td>
<td>❑ Sports</td>
</tr>
<tr>
<td>If Other: _______</td>
<td>If Other: _______</td>
<td>If Other: _______</td>
</tr>
</tbody>
</table>
## POST-MILITARY:

### 1st Most Severe

<table>
<thead>
<tr>
<th>Age</th>
<th>AMS hr / min / sec</th>
<th>PTA hr / min / sec</th>
<th>LOC hr / min / sec</th>
<th>Severity</th>
<th>BATL Score (0 – 5)</th>
<th>Nature of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ako Mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MVA</td>
<td>Physical Assault</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fall</td>
<td>Penetrating Injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sports-Related</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

### 2nd Most Severe

<table>
<thead>
<tr>
<th>Age</th>
<th>AMS hr / min / sec</th>
<th>PTA hr / min / sec</th>
<th>LOC hr / min / sec</th>
<th>Severity</th>
<th>BATL Score (0 – 5)</th>
<th>Nature of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ako Mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MVA</td>
<td>Physical Assault</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fall</td>
<td>Penetrating Injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sports-Related</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

### 3rd Most Severe

<table>
<thead>
<tr>
<th>Age</th>
<th>AMS hr / min / sec</th>
<th>PTA hr / min / sec</th>
<th>LOC hr / min / sec</th>
<th>Severity</th>
<th>BATL Score (0 – 5)</th>
<th>Nature of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ako Mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MVA</td>
<td>Physical Assault</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fall</td>
<td>Penetrating Injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sports-Related</td>
<td>Other:</td>
<td></td>
</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>BAT-L TOTAL LIFETIME SCORE TOTAL</td>
</tr>
<tr>
<td>5 = severe TBI</td>
<td></td>
</tr>
</tbody>
</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>
</tbody>
</table>

If no, query further about types of blasts/explosions (item 1 below) to rule out blast exposure then discontinue questionnaire if none.

If yes, How many blasts were you exposed to within ____ meters?

≤ 10 meters: __________

Cue: Approximately 32 feet or the length of 2 parking spaces

11 – 25 meters: __________

Cue: Approximately 82 feet or the distance between home base and first base in a professional baseball diamond

26 – 100 meters: __________

Cue: Approximately 320 feet or the length of a professional football field

Total Blasts: __________

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):

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/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

I. 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 #1:**

<table>
<thead>
<tr>
<th>Using the questions above, or in spontaneous dialogue, evaluate the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alteration of mental status:</strong></td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>If yes, enter the estimated duration of the AMS? ______ hr / min / sec</td>
</tr>
<tr>
<td>*AMS = AMS + PTA + LOC</td>
</tr>
</tbody>
</table>

| **PTA:** |
| NO | YES |
| If yes, enter the estimated duration of the PTA? ______ hr / min / sec |
| *PTA = PTA + LOC |

| **LOC:** |
| NO | 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 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
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?
   - Were others seriously injured?
     - Uncertain
     - No
     - Yes
   - 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.**
   - 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.**
   - 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.**
   - **If injury is the result of an IED or bomb ask,** Do you remember hearing the explosion?
     - Uncertain
     - No
     - Yes
   - Do you remember feeling the pressure changes associated with the blast?
     - Uncertain
     - No
     - Yes
   - 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 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: ________________________________

   | Duration: ____ |
   | Duration: ____ |
   | Duration: ____ |
   | Duration: ____ |
   | Duration: ____ |
   | Duration: ____ |
   | Duration: ____ |
   | 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>If yes, enter the estimated duration of the AMS?</td>
<td>hr / min / sec</td>
<td></td>
</tr>
<tr>
<td>&quot;AMS = AMS + PTA + LOC&quot;</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>&quot;PTA = PTA + LOC&quot;</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

**Blast Injuries:**
- **Primary:** Injury from over-pressurization force (blast wave) impacting the body surface — TM rupture, pulmonary damage and air embolization, hollow viscous 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
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)?
     - If yes, was anything documented in your medical record?
     - If yes, do you have access to those records?

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><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>

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

**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 for sub-acute blast exposure training and combat:

Is there anything else related to your military duties that exposed you to a high rate of blasts, munitions, 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?

Breach explosives / Breach training with flashbang/C4 or similar:

<table>
<thead>
<tr>
<th>Setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combat</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>101-500</td>
</tr>
</tbody>
</table>

Large caliber automatic weapons (50 cal, M240B, M60) or similar:

<table>
<thead>
<tr>
<th>Setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combat</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>101-500</td>
</tr>
</tbody>
</table>

Artillery and other Large munitions (Howitzer, Abrams, etc) or similar:

<table>
<thead>
<tr>
<th>Setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combat</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>101-500</td>
</tr>
</tbody>
</table>

Anti-Tank Weapons and other shoulder fired rockets (AT4, SMAW, grenade launcher) or similar:

<table>
<thead>
<tr>
<th>Setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combat</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>101-500</td>
</tr>
</tbody>
</table>

Other: Type:

<table>
<thead>
<tr>
<th>Setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combat</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>101-500</td>
</tr>
</tbody>
</table>

Was ear or other protection worn?  
- Yes  
- No  
- Varied  
- Unknown

**Total Repetitive Blasts/Exposures:** ______

*If acute TBI symptoms are reported, assess further following the 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., obstacles, 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):**

<table>
<thead>
<tr>
<th>Age (or best estimate) at time of occurrence: ________</th>
</tr>
</thead>
</table>

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.*

- 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 #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?)

<table>
<thead>
<tr>
<th>Uncertain</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Substance Related:

| NO | YES |

Setting of Injury:

| Combat |
| Non-Combat Military (e.g., training) |

Emotional Context of Injury:

| Traumatic |
| Non-traumatic |
MILITARY OTHER #2 (Second Most Severe):

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._

- 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 #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>If yes, enter the estimated duration of the AMS? __________ 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>If yes, enter the estimated duration of the PTA? __________ 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>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

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

**Emotional Context of Injury:**
- Traumatic
- Non-traumatic
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 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. At the time of the accident, were you wearing a helmet, and if so modified (equipped with the upgrade kit)?

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncertain</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td><strong>If yes, Modified?</strong> No Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncertain</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncertain</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>LOC:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>If yes, enter the estimated duration of the LOC?</td>
<td>______ 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 |
|  |  |  |  |
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
- **If no**, query further losses of consciousness or PTA, then discontinue questionnaire if none.
- **Yes**, What was the cause of the injury?
  - MVA
  - Fall
  - Sports-related injury (e.g., football, hockey, soccer, martial arts, boxing, roller-blading, biking, skateboarding, cheerleading, gymnastics, baseball/softball, etc.)
  - 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.

- 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. 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?</td>
<td>hr / min / sec</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?</td>
<td>hr / min / sec</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?</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 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

*AMS = AMS + PTA + LOC
**Boston Assessment of TBI-Lifetime**

**Pre-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.**
BOSTON ASSESSMENT OF TBI-LIFETIME

3. 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

EVALUATE PRE-MILITARY #2:

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

- Alteration of mental status:  □ NO □ YES
  If yes, enter the estimated duration of the AMS? __________ hr / min / sec
  *AMS = AMS + PTA + LOC

- PTA:  □ NO □ YES
  If yes, enter the estimated duration of the PTA? __________ hr / min / sec
  *PTA = PTA + LOC

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

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

<table>
<thead>
<tr>
<th>LOC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ NO □ YES</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
POST-MILITARY:

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
   - 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 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>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, enter the estimated duration of the AMS? _____ hr / min / sec</td>
<td></td>
</tr>
<tr>
<td><em>AMS = AMS + PTA + LOC</em></td>
<td></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></td>
</tr>
<tr>
<td><em>PTA = PTA + LOC</em></td>
<td></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

---

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

---

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>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 #2:**

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

- **Alteration of mental status:**
  - □ NO  □ YES
  - If yes, enter the estimated duration of the AMS? ________ hr / min / sec
  - *AMS = AMS + PTA + LOC*

- **PTA:**
  - □ NO  □ YES
  - If yes, enter the estimated duration of the PTA? ________ hr / min / sec
  - *PTA = PTA + LOC*

- **LOC:**
  - □ NO  □ YES
  - If yes, enter the estimated duration of the LOC? ________ hr / min / sec

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

**Substance Related:**
- □ NO
- □ YES

---

Ver. 9/12/2019
# Boston Assessment of TBI-LifeTime

**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.

- 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: ____________________________

<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,</td>
<td></td>
</tr>
<tr>
<td>or slowed reaction times</td>
<td></td>
</tr>
<tr>
<td>Sensory changes (Hearing/Vision/Taste</td>
<td></td>
</tr>
<tr>
<td>/Smell)</td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td></td>
</tr>
<tr>
<td>Mood changes (Anxiety/Depression/Irr</td>
<td></td>
</tr>
<tr>
<td>itability)</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 #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></td>
</tr>
<tr>
<td>*AMS = AMS + PTA + LOC</td>
<td></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></td>
</tr>
<tr>
<td>*PTA = PTA + LOC</td>
<td></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>

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? Provide ranges and circle estimated # of occurrences.

Sports-related (football, hockey, soccer, martial arts, boxing, roller-blading, biking, skateboarding, cheerleading, gymnastics, baseball/softball, etc.):

<table>
<thead>
<tr>
<th>0</th>
<th>1-5</th>
<th>6-10</th>
<th>11-50</th>
<th>51-100</th>
<th>101-500</th>
<th>500+</th>
</tr>
</thead>
</table>

Jumps:

<table>
<thead>
<tr>
<th>0</th>
<th>1-5</th>
<th>6-10</th>
<th>11-50</th>
<th>51-100</th>
<th>101-500</th>
<th>500+</th>
</tr>
</thead>
</table>

Combatives of any type:

<table>
<thead>
<tr>
<th>0</th>
<th>1-5</th>
<th>6-10</th>
<th>11-50</th>
<th>51-100</th>
<th>101-500</th>
<th>500+</th>
</tr>
</thead>
</table>

Assaults or Domestic Violence:

<table>
<thead>
<tr>
<th>0</th>
<th>1-5</th>
<th>6-10</th>
<th>11-50</th>
<th>51-100</th>
<th>101-500</th>
<th>500+</th>
</tr>
</thead>
</table>

Other: **Type**:

<table>
<thead>
<tr>
<th>0</th>
<th>1-5</th>
<th>6-10</th>
<th>11-50</th>
<th>51-100</th>
<th>101-500</th>
<th>500+</th>
</tr>
</thead>
</table>

**Total Repetitive Blows**: ___________________________

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