

Have you ever experienced a blow to the head?

Listed below are situations in which you may have experienced a blow to the head. For each event listed, please circle yes or no to indicate if you have experienced it. If yes, did you lose consciousness and/or were you dazed or confused as a result?

| # | Did you experience this event | | If you experienced the event... | | | | | |
|----|---|-----------|------------------------------------|----|--------|-------------------------------------|----|--------|
| | | | <i>Did you lose consciousness?</i> | | | <i>Were you dazed and confused?</i> | | |
| 1 | In a car crash? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 2 | In a motorcycle crash? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 3 | In an all-terrain or other type of vehicle crash? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 4 | As a pedestrian hit by a vehicle? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 5 | Being hit by a falling object? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 6 | Being hit by equipment? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 7 | Falling down stairs? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 8 | Falling from a high place? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 9 | During a fainting spell? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 10 | During a drug or alcohol blackout? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 11 | While biking? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 12 | While roller blading or skateboarding? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 13 | While horseback riding? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 14 | While skiing or snowboarding? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 15 | While skydiving? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 16 | While participating in other sports? ex: football, hockey, baseball, basketball, soccer, lacrosse, boxing, wrestling, martial arts, etc. | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 17 | While on the playground? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 18 | While diving into water? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 19 | Being physically abused? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 20 | While being assaulted or mugged? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 21 | During a military or other training exercise? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 22 | During combat? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 23 | Other? | Yes No | Yes | No | Unsure | Yes | No | Unsure |

BAT-L Screening Questionnaire

Have you ever been hospitalized or in the emergency room?

Listed below are situations in which you may have been hospitalized or seen in a hospital emergency room. For each event listed, please circle yes or no to indicate if you have experienced it. If yes, did you lose consciousness and were you dazed or confused as a result?

| # | Have you ever been hospitalized or seen in an emergency room for any of the reasons listed? | If you experienced the event... | | | | | | |
|----|---|------------------------------------|-----|----|-------------------------------------|-----|----|--------|
| | | <i>Did you lose consciousness?</i> | | | <i>Were you dazed and confused?</i> | | | |
| 24 | Concussion? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 25 | Fracture of the head, neck, or face? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 26 | Seizures? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 27 | High fever? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 28 | Heart attack? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 29 | Near drowning? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 30 | Drug overdose? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 31 | Poisoning? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 32 | Hit by lightning? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 33 | Electrical power injury? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 34 | Gun shot injury? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 35 | Stroke/brain hemorrhage? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 36 | Brain infection? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 37 | Brain tumor? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 38 | Choking where you passed out? | Yes No | Yes | No | Unsure | Yes | No | Unsure |
| 39 | Other injury? | Yes No | Yes | No | Unsure | Yes | No | Unsure |

In this area, please record any comments about your responses. Precede your comments with the number item you are describing. If an event above happened to you, but you were not seen in a hospital, please include a description here.
