

TBI Diagnostic Characterization Table:							
Plausible Mechanism of Injury:		<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, describe mechanism: _____ _____ _____				
Clinical Signs	LOC:	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, enter the estimated duration of the LOC? _____ hr / min / sec				
	PTA:	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, enter the estimated duration of the PTA? _____ hr / min / sec *PTA = PTA + LOC				
	AMS:	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, enter the estimated duration of the AMS? _____ hr / min / sec *AMS = AMS + PTA + LOC				
	Other Acute Neurologic Sign(s):	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, describe: _____ _____ _____				
Acute Symptoms (2+):		<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes (two or more symptoms), describe: _____ _____ _____				
Clinical Examination & Laboratory Findings:		<input type="checkbox"/> NO <input type="checkbox"/> YES	Finding #1: _____ Finding #2: _____ Finding #3: _____ _____				
Neuroimaging Abnormality:		<input type="checkbox"/> NO <input type="checkbox"/> YES	Finding #1: _____ Finding #2: _____ Finding #3: _____ _____				
Not better accounted for by confounding factors:		<input type="checkbox"/> NO <input type="checkbox"/> YES	If no (TBI cannot be confirmed), describe confounds: _____ _____ _____				
Emotional Context of Injury		<input type="checkbox"/> Not Stressful <input type="checkbox"/> Stressful <input type="checkbox"/> Criterion A Event	If stressful or criterion A event, describe: _____ _____ _____				
TBI Diagnosis* (circle one)							
No TBI	Suspected TBI	Mild Grade 1 TBI	Mild Grade 2 TBI	Mild Grade 3 TBI	Mild TBI Unspecified	Moderate TBI	Severe TBI
TBI Modifying Factors: _____ _____ _____ _____							

*Refer to BATL-2 Classification System Flowchart to make diagnosis