BOSTON ASSESSMENT OF TBI-LIFETIME

BAT-L

FOR CIVILIAN SURVIVORS OF INTIMATE PARTNER VIOLENCE

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

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 IPV survivors and/or veterans and service members about the three worst TBIs for each IPV relationship and if applicable, the three worst TBIs for each category of other injury (military blast, military other, pre-military, and post-military). Other lifetime TBIs are always captured. 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.

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).

Criteria	Mild			Moderate	Severe
	Grade I	Grade II	Grade III		
Loss of Consciousness	None	< 5 minutes	> 5 minutes and < 30 minutes	> 30 minutes and < 24 hours	> 24 hours
Alteration of Mental Status	0 – 15 minutes	> 15 minutes and < 24 hours	> 24 hours	> 24 hours; severity based on other criteria	
Post Traumatic Amnesia	0 – 15 minutes	> 15 minutes and < 24 hours	> 24 hours	> 1 day and < 7 days	> 7 days
Glascow Coma Scale	13 - 15			9 - 12	< 9

Department of Veterans Affairs and Department of Defense. (2009). VA/DOD clinical practice guideline for the management of concussion/mild traumatic brain injury. Retrieved from http://www.healthquality.va.gov/mtbi/concussion_mtbi_full_1_0.pdf.

BAT-L SUMMARY SCORE SHEET

IPV-RELATIONSHIP 1:

Total # TBIs:	

1st Most Severe		**2nd Most Severe**		**3rd Most Severe**	
Age		**Age**		**Age**	
AMS	hr / min / sec	**AMS**	hr / min / sec	**AMS**	hr / min / sec
PTA	hr / min / sec	**PTA**	hr / min / sec	**PTA**	hr / min / sec
LOC	hr / min / sec	**LOC**	hr / min / sec	**LOC**	hr / min / sec
Severity	***If Mild:***	**Severity**	***If Mild:***	**Severity**	***If Mild:***
❑ Mild	❑ Stage I	❑ Mild	❑ Stage I	❑ Mild	❑ Stage I
❑ Moderate	❑ Stage II	❑ Moderate	❑ Stage II	❑ Moderate	❑ Stage II
❑ Severe	❑ Stage III	❑ Severe	❑ Stage III	❑ Severe	❑ Stage III
BATL Score (0 – 5)		**BATL Score (0 – 5)**		**BATL Score (0 – 5)**	

IPV-RELATIONSHIP 2:

Total # TBIs:	

1st Most Severe		**2nd Most Severe**		**3rd Most Severe**	
Age		**Age**		**Age**	
AMS	hr / min / sec	**AMS**	hr / min / sec	**AMS**	hr / min / sec
PTA	hr / min / sec	**PTA**	hr / min / sec	**PTA**	hr / min / sec
LOC	hr / min / sec	**LOC**	hr / min / sec	**LOC**	hr / min / sec
Severity	***If Mild:***	**Severity**	***If Mild:***	**Severity**	***If Mild:***
❑ Mild	❑ Stage I	❑ Mild	❑ Stage I	❑ Mild	❑ Stage I
❑ Moderate	❑ Stage II	❑ Moderate	❑ Stage II	❑ Moderate	❑ Stage II
❑ Severe	❑ Stage III	❑ Severe	❑ Stage III	❑ Severe	❑ Stage III
BATL Score (0 – 5)		**BATL Score (0 – 5)**		**BATL Score (0 – 5)**	

IPV-RELATIONSHIP 3:

Total # TBIs:	

1st Most Severe		**2nd Most Severe**		**3rd Most Severe**	
Age		**Age**		**Age**	
AMS	hr / min / sec	**AMS**	hr / min / sec	**AMS**	hr / min / sec
PTA	hr / min / sec	**PTA**	hr / min / sec	**PTA**	hr / min / sec
LOC	hr / min / sec	**LOC**	hr / min / sec	**LOC**	hr / min / sec
Severity	***If Mild:***	**Severity**	***If Mild:***	**Severity**	***If Mild:***
❑ Mild	❑ Stage I	❑ Mild	❑ Stage I	❑ Mild	❑ Stage I
❑ Moderate	❑ Stage II	❑ Moderate	❑ Stage II	❑ Moderate	❑ Stage II
❑ Severe	❑ Stage III	❑ Severe	❑ Stage III	❑ Severe	❑ Stage III
BATL Score (0 – 5)		**BATL Score (0 – 5)**		**BATL Score (0 – 5)**	

LIFETIME:

Total # TBIs:	

1st Most Severe		**2nd Most Severe**		**3rd Most Severe**	
Age		**Age**		**Age**	
AMS	hr / min / sec	**AMS**	hr / min / sec	**AMS**	hr / min / sec
PTA	hr / min / sec	**PTA**	hr / min / sec	**PTA**	hr / min / sec
LOC	hr / min / sec	**LOC**	hr / min / sec	**LOC**	hr / min / sec
Severity	***If Mild:***	**Severity**	***If Mild:***	**Severity**	***If Mild:***
❑ Mild	❑ Stage I	❑ Mild	❑ Stage I	❑ Mild	❑ Stage I
❑ Moderate	❑ Stage II	❑ Moderate	❑ Stage II	❑ Moderate	❑ Stage II
❑ Severe	❑ Stage III	❑ Severe	❑ Stage III	❑ Severe	❑ Stage III
BATL Score (0 – 5)		**BATL Score (0 – 5)**		**BATL Score (0 – 5)**	

BAT-L Score (0 – 5):	BAT-L Lifetime Total Score
0 = no TBI 1 = mTBI grade I 2 = mTBI grade II 3 = mTBI grade III 4 = moderate TBI 5 = severe TBI	Sum IPV Relationship 1 Score _____ Sum IPV Relationship 2 Score _____ Sum IPV Relationship 3 Score _____ Sum Lifetime Score _____ BAT-L TOTAL LIFETIME SCORE TOTAL
BAT-L Total Score = Sum of the scores for the three worst TBIs across both categories of injury (IPV and Lifetime) (BAT-L Total Score: Range = 0 - 60).	

Anoxic Injury Total:	
Total Occurrences: #_____	Total Occurrences with LOC: #_____

IP First Name	Type of Injury	If yes, how many times did this occur?
_____	Have you ever been hit on the head with an object, hand, or fist?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Have you ever been pushed or shoved into a wall, car, furniture, or other object and hit your head?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Broken your teeth or jaw?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Caused injury to your eye or ear from shoving, hitting, punching or kicking?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Shook you?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Strangled or choked you?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Shot you with a gun causing injury to your head, neck, or face?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Attacked you with another weapon causing injury to you head, neck, or face?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Threw you down the stairs?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Caused other injury to your head, neck, or face?	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times
	Other: *Type* _____	0 times 1-3 times 4-10 times 11-25 times 26-50 times >50 times

IP First Name	Type of Injury	If yes, how many times did this occur?		
_____	Have you ever been hit on the head with an object, hand, or fist?	0 times 11-25 times	1-3 times 26-50 times	4-10 times >50 times
	Have you ever been pushed or shoved into a wall, car, furniture, or other object and hit your head?	0 times 11-25 times	1-3 times 26-50 times	4-10 times >50 times
	Broken your teeth or jaw?	0 times 11-25 times	1-3 times 26-50 times	4-10 times >50 times
	Caused injury to your eye or ear from shoving, hitting, punching or kicking?	0 times 11-25 times	1-3 times 26-50 times	4-10 times >50 times
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	Caused injury to your eye or ear from shoving, hitting, punching or kicking?	0 times 11-25 times	1-3 times 26-50 times	4-10 times >50 times
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Next, I am going to ask you about the [*number 1 – 3*] worst or most severe head injuries you experienced from an intimate partner. I am not looking for the most upsetting incidents but rather the injuries that included the worst blows to your head. (Refer to above injuries if needed)

IPV-RELATIONSHIP 1: _____ (1st Most Severe Head Injury)

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

1. What type of injury was it?

- ❑ Hit in the head
- ❑ Pushed or shoved
- ❑ Broken teeth/jaw
- ❑ Shaken
- ❑ Strangled/Choked
- ❑ Attacked with a weapon: Specify weapon type: _____
- ❑ Thrown down stairs
- ❑ 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. What is the last thing you can remember just <u>before</u> the event?

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

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

f. Did you experience any of the following immediately after the event? *Note 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 1:_____ (1st Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

IPV-RELATIONSHIP 1:_____ (2nd Most Severe Head Injury)

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

1. What type of injury was it?

❑ Hit in the head	❑ Strangled/Choked
❑ Pushed or shoved	❑ Attacked with a weapon: Specify weapon type: _____
❑ Broken teeth/jaw	❑ Thrown down stairs
❑ Shaken	❑ 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. What is the last thing you can remember just <u>before</u> the event?

b. What is the first thing you can remember just <u>after</u> the event? *Following pt's response ask,* how long do you think that was after the event?

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

f. Did you experience any of the following immediately after the event? *Note 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 1:_____ (2nd Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

IPV-RELATIONSHIP 1:_____ (3rd Most Severe Head Injury)

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

1. What type of injury was it?

❑ Hit in the head	❑ Strangled/Choked
❑ Pushed or shoved	❑ Attacked with a weapon: Specify weapon type: _____
❑ Broken teeth/jaw	❑ Thrown down stairs
❑ Shaken	❑ 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. What is the last thing you can remember just <u>before</u> the event?

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

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

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

❑ Headaches	*Duration:* _____
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❑ 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 1:_____ (3rd Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

If three injuries endorsed: Based on what we just talked about are there any additional head injuries from this relationship that we have not discussed? (If yes, gather basic info on AMS, PTA, LOC).

IPV-RELATIONSHIP 2:_____ (1st Most Severe Head Injury)

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

1. What type of injury was it?

❑ Hit in the head	❑ Strangled/Choked
❑ Pushed or shoved	❑ Attacked with a weapon: Specify weapon type: _____
❑ Broken teeth/jaw	❑ Thrown down stairs
❑ Shaken	❑ 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. What is the last thing you can remember just <u>before</u> the event?

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

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

f. Did you experience any of the following immediately after the event? *Note 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 2:_____ (1st Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

IPV-RELATIONSHIP 2:_____ (2nd Most Severe Head Injury)

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

1. What type of injury was it?

❑ Hit in the head	❑ Strangled/Choked
❑ Pushed or shoved	❑ Attacked with a weapon: Specify weapon type: _____
❑ Broken teeth/jaw	❑ Thrown down stairs
❑ Shaken	❑ 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. What is the last thing you can remember just <u>before</u> the event?

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

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

f. Did you experience any of the following immediately after the event? *Note 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 2:_____ (2nd Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

IPV-RELATIONSHIP 2:_____ (3rd Most Severe Head Injury)

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

1. What type of injury was it?

❑ Hit in the head	❑ Strangled/Choked
❑ Pushed or shoved	❑ Attacked with a weapon: Specify weapon type: _____
❑ Broken teeth/jaw	❑ Thrown down stairs
❑ Shaken	❑ 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. What is the last thing you can remember just <u>before</u> the event?

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

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

f. Did you experience any of the following immediately after the event? *Note 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 2:_____ (3rd Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

If three injuries endorsed: Based on what we just talked about are there any additional head injuries from this relationship that we have not discussed? (If yes, gather basic info on AMS, PTA, LOC)

IPV-RELATIONSHIP 3:_____ (1st Most Severe Head Injury)

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

1. What type of injury was it?

❑ Hit in the head	❑ Strangled/Choked
❑ Pushed or shoved	❑ Attacked with a weapon: Specify weapon type: _____
❑ Broken teeth/jaw	❑ Thrown down stairs
❑ Shaken	❑ 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. What is the last thing you can remember just <u>before</u> the event?

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

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

f. Did you experience any of the following immediately after the event? *Note 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 3:_____ (1st Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

IPV-RELATIONSHIP 3:_____ (2nd Most Severe Head Injury)

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

1. What type of injury was it?

❑ Hit in the head	❑ Strangled/Choked
❑ Pushed or shoved	❑ Attacked with a weapon: Specify weapon type: _____
❑ Broken teeth/jaw	❑ Thrown down stairs
❑ Shaken	❑ 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. What is the last thing you can remember just <u>before</u> the event?

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

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

f. Did you experience any of the following immediately after the event? *Note 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 3:_____ (2nd Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

IPV-RELATIONSHIP 3:_____ (3rd Most Severe Head Injury)

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

1. What type of injury was it?

❑ Hit in the head	❑ Strangled/Choked
❑ Pushed or shoved	❑ Attacked with a weapon: Specify weapon type: _____
❑ Broken teeth/jaw	❑ Thrown down stairs
❑ Shaken	❑ 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. What is the last thing you can remember just <u>before</u> the event?

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

c. 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.*

d. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations, perform activities as expected, follow multistep command) 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.*

e. Did you experience a loss of consciousness at the time of the injury (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.*

f. Did you experience any of the following immediately after the event? *Note 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 seek medical help?

- ❑ 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? _____

IPV-RELATIONSHIP 3:_____ (3rd Most Severe Head Injury)

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

If three injuries endorsed: Based on what we just talked about are there any additional head injuries from this relationship that we have not discussed? (If yes, gather basic info on AMS, PTA, LOC).

LIFETIME NON-IPV RELATED:

Have you experienced any blows to the head <u>that did not occur as a result of an assault by an intimate partner</u>? *(Patient report, you will evaluate below)*

- ❑ Uncertain
- ❑ No — ***If no**, query causes below, then discontinue questionnaire if none.*
- ❑ Yes — ***If yes**,* What was the cause of the injury?
  - ❑ MVA
  - ❑ Fall
  - ❑ Sports-related injury
  - ❑ Physical assault/fights by stranger
  - ❑ Penetrating injury
  - ❑ Other: *Type* _____

Next, I am going to ask you about the [*number 1 – 3*] worst or most severe head injuries you experienced in your life **<u>that did not occur as a result of an assault by an intimate partner.</u>**

LIFETIME #1 (1st Most Severe Head Injury):

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

1. What type of accident was it?
   - ❑ MVA
   - ❑ Fall
   - ❑ Sports-related injury
   - ❑ Physical assault
   - ❑ Penetrating 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, perform activities as expected, follow multistep command) 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 injury (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 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 LIFETIME #1 (1st Most Severe Head Injury):

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*

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

LIFETIME #2 (2nd Most Severe Head Injury):

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, perform activities as expected, follow multistep command) 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 injury (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 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 LIFETIME #2 (2nd Most Severe Head Injury):

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

LIFETIME #3 (3rd Most Severe Head Injury):

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, 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 injury (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 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 LIFETIME #3 (3RD MOST SEVERE HEAD INJURY):

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

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*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

BLUNT FINAL QUERY:

Is there anything else 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 (softball, soccer, basketball, horseback riding, cheerleading, marital arts, biking, ice skating, etc): *# Occurrences:* _____

❑ Other: *Type:* _____ *# Occurrences:* _____

Total Repetitive Blows: _____

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