Boston Assessment of TBI-Lifetime
BAT-L for
Survivors of Intimate Partner Violence
in Veterans and Military Service Members

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.

BAT-L Table of Contents	Page
Summary Score Tables	3
Military Injuries	
Blast-related	7
Military-Other	17
Civilian Injuries	
Pre-Military	26
Post-Military	34
IPV Injuries	42

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

MILITARY BLAST:

Total # of Blast Exposures:	0 - 10 Meters	11 - 25 Meters	26 - 100 Meters

Total # Blast 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)**	
Nature of Blast		**Nature of Blast**		**Nature of Blast**	
❑ Primary	(Head)	❑ Primary	(Head)	❑ Primary	(Head)
❑ Secondary	(Head: ❑ Yes ❑ No)	❑ Secondary	(Head: ❑ Yes ❑ No)	❑ Secondary	(Head: ❑ Yes ❑ No)
❑ Tertiary	(Head: ❑ Yes ❑ No)	❑ Tertiary	(Head: ❑ Yes ❑ No)	❑ Tertiary	(Head: ❑ Yes ❑ No)
❑ Quaternary	(Head: ❑ Yes ❑ No)	❑ Quaternary	(Head: ❑ Yes ❑ No)	❑ Quaternary	(Head: ❑ Yes ❑ No)

MILITARY OTHER:

Total # Other 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)**
Nature of Injury	**Nature of Injury**	**Nature of Injury**
❑ MVA ❑ Physical Assault	❑ MVA ❑ Physical Assault	❑ MVA ❑ Physical Assault
❑ Fall ❑ Penetrating Injury	❑ Fall ❑ Penetrating Injury	❑ Fall ❑ Penetrating Injury
❑ Sports-Related ❑ Other: __________	❑ Sports-Related ❑ Other: _______	❑ Sports-Related ❑ Other: _______

PRE-MILITARY:

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)**
Nature of Injury	**Nature of Injury**	**Nature of Injury**
❑ MVA ❑ Physical Assault	❑ MVA ❑ Physical Assault	❑ MVA ❑ Physical Assault
❑ Fall ❑ Penetrating Injury	❑ Fall ❑ Penetrating Injury	❑ Fall ❑ Penetrating Injury
❑ Sports ❑ Other: __________	❑ Sports ❑ Other: _______	❑ Sports ❑ Other: _______

POST-MILITARY:

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: ❑ Mild ❑ Moderate ❑ Severe	**Severity**: ❑ Mild ❑ Moderate ❑ Severe	**Severity**: ❑ Mild ❑ Moderate ❑ Severe
If Mild: ❑ Stage I ❑ Stage II ❑ Stage III	***If Mild:*** ❑ Stage I ❑ Stage II ❑ Stage III	***If Mild:*** ❑ Stage I ❑ Stage II ❑ Stage III
BATL Score (0 – 5)	**BATL Score (0 – 5)**	**BATL Score (0 – 5)**
Nature of Injury: ❑ MVA ❑ Physical Assault ❑ Fall ❑ Penetrating Injury ❑ Sports-Related ❑ Other: __________	**Nature of Injury**: ❑ MVA ❑ Physical Assault ❑ Fall ❑ Penetrating Injury ❑ Sports-Related ❑ Other: _______	**Nature of Injury**: ❑ MVA ❑ Physical Assault ❑ Fall ❑ Penetrating Injury ❑ Sports-Related ❑ Other: _______

IPV-RELATED:

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: ❑ Mild ❑ Moderate ❑ Severe	**Severity**: ❑ Mild ❑ Moderate ❑ Severe	**Severity**: ❑ Mild ❑ Moderate ❑ Severe
If Mild: ❑ Stage I ❑ Stage II ❑ Stage III	***If Mild:*** ❑ Stage I ❑ Stage II ❑ Stage III	***If Mild:*** ❑ Stage I ❑ Stage II ❑ 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 Military Blast BATL Scores	_______
	Sum Military Other BATL Scores	_______
	Sum Pre-Military BATL Scores	_______
	Sum Post-Military BATL Scores	_______
	Sum IPV Scores	_______
	BAT-L TOTAL LIFETIME SCORE TOTAL	
BAT-L Total Score = Sum of the scores for the three worst TBIs across all categories of injury (blast-related, military other, pre-military, post-military amd IPV) (BAT-L Total Score: Range = 0 - 75).		

Total Repetitive Blasts/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:

During your time in the military, were you involved in any blasts or explosions within 100 meters?

- ❑ Uncertain
- ❑ No — ***If no**, query further about types of blasts/explosions (item 1 below) to rule out blast exposure then discontinue questionnaire if none.*
- ❑ Yes — ***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 <u>before</u> 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 <u>after</u> 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, 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 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:

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***	***Substance Related:*** ❑ *NO* ❑ *YES*
PTA:	❑ ***NO*** ❑ ***YES*** ***If yes****, enter the estimated duration of the PTA?* ________ hr / min / sec ****PTA = PTA + LOC***	***Setting of Injury:*** ❑ *Combat* ❑ *Non-Combat Military (e.g., training)*
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?)		***Emotional Context of Injury:*** ❑ *Traumatic* ❑ *Non-traumatic*
❑ **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

MILITARY BLAST #2 (Second Most Severe):

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

1. What type of blast/accident was it?

❑ Unknown ❑ Grenade ❑ Bomb ❑ Other: ____________________

❑ IED ❑ Land mine ❑ Rocket

❑ RPG ❑ Mortar ❑ Suicide vest/bomb

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

   a. Were others seriously injured?

      ❑ Uncertain ❑ No ❑ Yes

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

   c. What is the last thing you can remember just <u>before</u> 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 <u>after</u> 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, 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 Sx duration.*

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

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

❑ Uncertain

❑ No

❑ Yes

If yes, was it modified?	❑ Uncertain	❑ No	❑ Yes
If yes, did the helmet stay on your head?	❑ Uncertain	❑ No	❑ Yes

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

- ❑ Uncertain
- ❑ No
- ❑ Yes

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

- ❑ Uncertain
- ❑ No
- ❑ Yes

If yes, MACE (field mental status eval)?	❑ Uncertain	❑ No	❑ Yes
If yes, was anything documented in your medical record?	❑ Uncertain	❑ No	❑ Yes
If yes, do you have access to those records?	❑ Uncertain	❑ No	❑ Yes

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

- ❑ Uncertain
- ❑ No
- ❑ Yes

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

EVALUATE MILITARY BLAST #2:

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

Alteration of mental status:	❑ ***NO*** ❑ ***YES*** ***If yes***, *enter the estimated duration of the AMS?* __________ hr / min / sec ****AMS = AMS + PTA + LOC***	***Substance Related:*** ❑ *NO* ❑ *YES*
PTA:	❑ ***NO*** ❑ ***YES*** ***If yes***, *enter the estimated duration of the PTA?* __________ hr / min / sec ****PTA = PTA + LOC***	***Setting of Injury:*** ❑ *Combat* ❑ *Non-Combat Military (e.g., training)*
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**

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

Blast Injuries:

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

MILITARY BLAST #3 (Third Most Severe):

1. What type of blast/accident was it?

❑ Unknown ❑ Grenade ❑ Bomb ❑ Other: ____________________

❑ IED ❑ Land mine ❑ Rocket

❑ RPG ❑ Mortar ❑ Suicide vest/bomb

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

   a. Were others seriously injured?

      ❑ Uncertain ❑ No ❑ Yes

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

   c. What is the last thing you can remember just <u>before</u> 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 <u>after</u> 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, 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 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 #3:

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 blast occurred, etc., or was knowledge gained from the reports of witnesses?)

❑ **Uncertain** ❑ **No** ❑ **Yes**

Substance Related:
- ❑ *NO*
- ❑ *YES*

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

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

Blast Injuries:

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

BLAST FINAL QUERY:

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

❑ Uncertain

❑ No — ***If no***, *query specific causes listed below.*

❑ Yes — ***If yes***, What was the cause of the injury?

- ❑ Breaches or Breach training: *# Occurrences:* _____
- ❑ "Flashbangs": *# Occurrences:* _____
- ❑ Large munitions such as a Horwitzer: *# Occurrences:* ______
- ❑ RPG or rocket propelled grenade launcher: *# Occurrences:* ____________________
- ❑ Other: *Type:* ____ *# Occurrences:* _____

Total Repetitive Blasts/Exposures: ________

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

MILITARY OTHER:

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

❑ Uncertain

❑ No — ***If no***, *query specific causes listed below, as well as further losses of consciousness or PTA then discontinue questionnaire if none.*

❑ Yes — ***If yes***, What was the cause of the injury?

- ❑ MVA
- ❑ Fall
- ❑ Training-related injury (e.g., obstables, combatives, pugil stick, jumps)
- ❑ Sports-related injury (e.g., football, hockey, baseball, basketball, soccer, lacrosse, boxing, wrestling, martial arts)
- ❑ Physical assault/fights
- ❑ Penetrating injury
- ❑ Other: *Type* ______________________________________

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

MILITARY OTHER #1 (Most Severe):

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

1. What type of accident was it?

❑ MVA	❑ Physical assault
❑ Fall	❑ Penetrating injury
❑ Sports-related injury	❑ Other: ______________________________

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

   a. Were others seriously injured?

      ❑ Uncertain ❑ No ❑ Yes

   b. What is the last thing you can remember just <u>before</u> the event?

   c. 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?

   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) 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 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:

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*

Setting of Injury:

❑ *Combat*

❑ *Non-Combat Military (e.g., training)*

Emotional Context of Injury:

❑ *Traumatic*

❑ *Non-traumatic*

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

❑ **Uncertain** ❑ **No** ❑ **Yes**

MILITARY OTHER #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) 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 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:

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*

Setting of Injury:

❑ *Combat*

❑ *Non-Combat Military (e.g., training)*

Emotional Context of Injury:

❑ *Traumatic*

❑ *Non-traumatic*

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

❑ **Uncertain** ❑ **No** ❑ **Yes**

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) 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 Sx duration.*

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

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

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

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

- ❑ Uncertain
- ❑ No
- ❑ Yes

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

- ❑ Uncertain
- ❑ No
- ❑ Yes

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

- ❑ Uncertain
- ❑ No
- ❑ Yes ***If Yes***:
  - *For how long were you pulled from duty?* ______________________
  - *Did you return to active duty?* ______________________
  - *Did this event lead to medical hold?* ______________________
  - *Sick leave?* ______________________
  - *Discharge?* ______________________

EVALUATE MILITARY OTHER #3:

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

Alteration of mental status:	❑ ***NO*** ❑ ***YES*** ***If yes****, enter the estimated duration of the AMS?* __________ hr / min / sec ****AMS = AMS + PTA + LOC***	***Substance Related:*** ❑ *NO* ❑ *YES*
PTA:	❑ ***NO*** ❑ ***YES*** ***If yes****, enter the estimated duration of the PTA?* __________ hr / min / sec ****PTA = PTA + LOC***	***Setting of Injury:*** ❑ *Combat* ❑ *Non-Combat Military (e.g., training)*
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**

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

NON-MILITARY HEAD INJURIES

In this next section I am going to ask you about any head injuries you experienced either prior to your military service or following your discharge from the military.

PRE-MILITARY:

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

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

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

PRE-MILITARY #1 (Most Severe):

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

1. What type of accident was it?

❑ MVA	❑ Physical assault
❑ Fall	❑ Penetrating injury
❑ Sports-related injury	❑ Other: ______________________________

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

   a. Were others seriously injured?

   ❑ Uncertain ❑ No ❑ Yes

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

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

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

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was) 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 Sx duration.*

Symptom	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:

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*
- ❑ *Non-traumatic*

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) 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 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 #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*

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*

PRE-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 <u>before</u> the event?

c. 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?

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) 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 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:

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*
- ❑ *Non-traumatic*

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) 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 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 POST-MILITARY #1:

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***	***Substance Related:*** ❑ *NO* ❑ *YES*
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?)		***Emotional Context of Injury:*** ❑ *Traumatic* ❑ *Non-traumatic*
❑ **Uncertain** ❑ **No** ❑ **Yes**		

POST-MILITARY #2 (Second Most Severe):

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

1. What type of accident was it?

❑ MVA ❑ Physical assault
❑ Fall ❑ Penetrating injury
❑ Sports-related injury ❑ Other: ______________________________

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

a. Were others seriously injured?

❑ Uncertain ❑ No ❑ Yes

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

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

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

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was) 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 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 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

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*

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 <u>before</u> the event?

   c. 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?

   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) 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 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 POST-MILITARY #3:

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*
- ❑ *Non-traumatic*

IPV-RELATED:

Have you experienced other blows to the head <u>from 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 and how many times did it occur?
  - ❑ Hit in the head with an object, hand, or fist
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Pushed or shoved your head into a wall, car, furniture, or other object
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Broken your teeth or jaw
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Caused injury to your eye or ear from shoving, hitting, punching or kicking
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Shook you
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Strangled or choked you
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Attacked you with a weapon causing injury to you head, neck, or face
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Threw you down stair
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Caused other injury to you head, neck, or face
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times
  - ❑ Other: *Type* ___________________
    - ❑ 0 times ❑ 11-49 times
    - ❑ 1-3 times ❑ >/= 50 times
    - ❑ 4-10 times

Next, I am going to ask you about the [*number 1 – 3*] worst or most severe head injuries you experienced from an intimate partner.

IPV #1 (Most Severe):

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?

   c. 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?

   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) 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 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? ____________________________________

EVALUATE IPV #1:

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*

❑ *Non-traumatic*

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

IPV #2 (Most Severe):

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 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) 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 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? ______________________________

EVALUATE IPV #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***	***Substance Related:*** ❑ *NO* ❑ *YES*
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**

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

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***

IPV #3 (Most Severe):

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?

   c. 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?

   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) 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 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? ______________________________________

EVALUATE IPV #3:

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***	***Substance Related:*** ❑ *NO* ❑ *YES*
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**

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

Please evaluate for Anoxic Injury:

Anoxic Injury: ❑ ***NO*** ❑ ***YES***

If yes, was there LOC?

❑ ***NO*** ❑ ***YES***