

Ohio State University TBI Identification Method short form

(v.12-10-08)*

I am going to ask you about injuries to your head or neck that you may have had prior to your injury that brought you to this facility for care. (This version will assess history of TBI prior to index TBI. Other timeframes for assessment can be used by changing wording of questions to fit proper timeframe.)

Interviewer instruction: record cause and any details provided spontaneously in the box at the bottom of the page. DO NOT query further about LOC or other details at this stage yet. DO NOT include index injury.

1. Prior to the present injury, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
 Yes
 No
2. Prior to the present injury, have you ever injured your head or neck in a car accident or from some other moving vehicle accident? (e.g. motorcycle, ATV)
 Yes
 No
3. Prior to the present injury, have you ever injured your head or neck in a fall or from being hit by something? (e.g. falling from a bike, horse, rollerblades, falling on ice, being hit by a rock)? Have you ever been injured playing sports or on the playground?
 Yes
 No
4. Prior to the present injury, have you ever injured your head or neck in a fight, from being hit by someone or being shaken violently? Have you ever been shot in the head?
 Yes
 No
5. Prior to the present injury, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat-related incidents.
 Yes
 No

If all above are “No” then stop. If answered “yes” to *any* of the questions above, ask:

6. Were you knocked out or unconscious following any of the injuries you mentioned above? DO NOT INCLUDE LOSING CONSCIOUSNESS DUE TO DRUG OVERDOSE OR FROM BEING CHOKED (see #8, below).
 Yes
 No

* adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. *Journal of Head Trauma Rehabilitation, in press.*)

If answer #6 is "No", ask:

7A. Were you dazed or have a gap in your memory from the injury(ies) you mentioned above? [RULE OUT ALCOHOL BLACKOUTS]

Yes

No

If answer #6 is "Yes", ask:

7B. How long were you knocked out? (If identified multiple injuries with loss of consciousness, ask for each. If not sure of the time frame, encourage them to make their best guess.)

1. _____ How old were you? _____

2. _____ How old were you? _____

3. _____ How old were you? _____

4. _____ How old were you? _____

5. _____ How old were you? _____

If more than 5, how many more? _____

Longest knocked out? _____

How many \geq 30 mins.? _____

Youngest age? _____

8. Have you ever lost consciousness from a drug overdose or being choked?

_____ Number of times from a drug overdose

_____ Number of times from being choked

Extracted from: Ohio State University TBI Identification Method Short Form