Recommended time for assessment:

Recommended time for assessment:	Basic	Intermediate	Advanced
Entry to rehab	X	X	X
Discharge rehab	X	X	X
1 month post injury		X	X
3 months post injury		X	X

Neurobehavioral Inventory List

Neurobehavioral Symptom Inventory:		
Rate the following syptoms with regard to how much they have disturbed you *IN THE PAST TWO WEEKS. (ONLY TO BE COMPLETED BY PERSON WITH TBI)*		
1. Feeling dizzy:	0-4;9	
2. Loss of balance	0-4;9	
3. Poor coordination, clumsy:	0-4;9	
4. Headaches:	0-4;9	
5. Nausea:	0-4;9	
6. Vision problems, blurring, trouble seeing:	0-4;9	
7. Sensitivity to light:	1-4;9	
8. Hearing difficulty:	1-4;9	
9. Sensitivity to noise:	0-4;9	
10. Numbness or tingling on parts of my body:	0-4;9	
11. Change in taste and/or smell:	0-4;9	
12. Loss of appetite or increase of appetite:	0-4;9	
13. Poor concentration, can't pay attention, easily distracted:	0-4;9	
14. Forgetfulness, can't remember things:	0-4;9	
15. Difficulty making decisions:	0-4;9	
16. Slowed thinking, difficulty getting organized, can't finish things:	0-4;9	
17. Fatigue, loss of energy, getting tired easily:	0-4;9	
18. Difficulty falling or staying asleep:	0-4;9	
19. Feeling anxious or tense:	0-4;9	
20. Feeling depressed or sad:	0-4;9	
21. Irritability, easily annoyed:	0-4;9	
22. Poor frustration tolerance, feeling easily overwhelmed by things:	0-4;9	

Codes:
0 = None – rarely if ever present; not a problem at all
1 = Mild – Occasionally present, but it does not disrupt activities, I can usually continue what I'm doing; doesn't really concern me.
2 = Moderate – Often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned.
3 = Severe – Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.
4 = Very severe – Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.
9 = Unknown