

OSU Brain Injury Identification Method — Interview Form

Additional table on second page, if needed

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart on the subsequent page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, 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.

No Yes—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, or ATV?

No Yes—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example: falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

No Yes—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

No Yes—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat or training-related incidents.

No Yes—Record cause in chart

Interviewer instruction:

If the answers to any of the above questions are “yes,” go to Step 2. If the answers to all of the above questions are “no,” then proceed to Step 3.

Step 2

Interviewer instruction: If the answer is “yes” to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart on the subsequent page.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the Step 3 table on page 2.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect?

Were you ever knocked out, and if yes, how long did you lose consciousness?

Were you ever dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when the injuries began? Did you get your injuries within a six month timeframe?

Step 1

Step 2

Cause	Loss of consciousness (LOC) / Knocked Out				Dazed/Memory Gap		Age
	No LOC	<30 min	30 min – 24 hrs	>24 hrs	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Step 4

Interviewer instruction: Ask the following questions to help identify a history that may include other types of brain injury (NonTBI).

Have you EVER been told by a doctor or other health professional that you have had in the past or currently have any of the following:

- unmanaged or untreated epilepsy or seizures
- a stroke, cerebral vascular disease or a transient ischemic attack
- a tumor of the brain
- swelling of the brain (edema)
- a drug overdose (e.g., stopped breathing, required resuscitation)
- toxic effects or poisoning (e.g., carbon monoxide poisoning)
- infection like meningitis or encephalitis
- a brain bleed or hemorrhage
- loss of oxygen to the brain for 2 minutes or more - like from a time when you stopped breathing, had a near drowning
- experienced a strangulation in which you lost consciousness

Name: _____ DOB: _____ Interviewer Initials: _____ Date: _____

ML OR Booking #: _____
(If Applicable)

County of Residence: _____

Interpreting Findings

A person may be more likely to have ongoing problems if they have any of the following:

- **WORST**
Individual reports one moderate to severe TBI. Moderate and severe TBI indicated by report of loss of consciousness (LOC) greater than 30 minutes.
- **FIRST**
Individual reports TBI with LOC before age 20.
- **MULTIPLE/REPEATED**
Individual reports 3 or more TBIs within a short period of time resulting in altered or loss of consciousness (multiple blows to the head in less than 6 months).
- **NonTBI**
Individual reports sustaining an injury to the brain from another source listed in Step 4.

Step 1	Step 2						Age
Cause	Loss of consciousness (LOC) / Knocked Out				Dazed/Memory Gap		
	No LOC	<30 min	30 min – 24 hrs	>24 hrs	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Step 3	Typical Effect		Most Severe Effect				Age	< 6 mos
Cause of Repeated Injury	Dazed/Memory Gap, No LOC	LOC	Dazed/Memory Gap, No LOC	LOC<30 min	LOC 30 min – 24 hrs		Approx Age When Injuries Began	Check if Yes
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Step 4			
Cause	Typical Effect		Age
	Dazed/Memory Gap, No LOC	LOC	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

