Name: DOB: Interviewer Initials: Date: ML Booking #:		DOB:			ML	Booking #:
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Ohio State University TBI Identification Method — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this 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
- 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 from a bike or horse, rollerblading, 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
- 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 below.

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 chart below.

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 knocked out (Loss of Consciousness - LOC)?

If no, were you 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 these repeated injuries began? Ended?

Step 1	Step 2									
	Loss of consciousness (LOC)/knocked out				Dazed/M	lem Gap	Age			
Cause	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No				

If more injuries with LOC: How many?_____ Longest knocked out?_____ How many ≥ 30 mins.?_____ Youngest age? _

Step 3	Typical E	ffect		Most Severe Effect				Age		
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended		

Name:	DOB:	Interviewer Initials:	Date:	ML	Booking #:
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Step 1	Step 2									
	Loss of consciousness (LOC)/knocked out					Dazed/Mem Gap				
Cause	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No				

If more injuries with LOC: How many?_____ Longest knocked out?_____ How many ≥ 30 mins.?_____ Youngest age?_____

Step 3	Typical Effect		Most Severe Effect			A	ge	
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended

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 15

· MULTIPLE

Individual reports a period where 3 or more blows to the head caused altered consciousness -OR-

2 or more TBIs with LOC within a three month period

For more information about TBI or the OSU TBI Identification Method visit:

- Ohio Valley Center at OSU www.ohiovalley.org/informationeducation
- BrainLine.org www.brainline.org