

## TRAUMATIC BRAIN INJURY CHECKLIST

Mild to moderate collisions can often result in a closed head injury or injury to the brain. It is not necessary for your head to have struck something hard. Impact with the air bag, or simply the force of the collision can cause this injury. For this reason, we ask that you complete the attached questionnaire with the help of a close family member or friend, if possible, and return to us in the enclosed self-addressed envelope.

<b>Loss of Consciousness</b>		
Loss of consciousness at the scene? If so, how long?	Y	N
Briefly dazed? If so, how long?	Y	N
<b>Amnesia</b>		
Retrograde amnesia (loss of memory for events PRIOR to collision) If so, how long? _____	Y	N
Anterograde amnesia (loss of memory for events AFTER collision) If so, how long? _____	Y	N
<b>Headaches</b>		
Persistent since collision? How severe? On scale of 1-10? _____ Average? _____ Low? _____ High? _____	Y	N
Headaches prior to collision?	Y	N
If had <u>prior</u> headaches, are they different since collision? If so, how are they different? Frequency? Severity? Characteristics?	Y	N
Any strange neurologic symptoms during or immediately preceding headaches? Tingling? Weakness? Vision Changes?	Y	N

<b>Seizures</b>		
Seizures since collision? Frequency: _____ Characteristics: _____	Y	N
History of seizures before collision? If so, clarify HOW seizures changed? Frequency? Characteristics?	Y	N
<b>Sound/Light Sensitivity</b>		
Sound sensitivity?	Y	N
Related to headaches?	Y	N
Light sensitivity?	Y	N
Related to headaches?	Y	N
<b>Nausea/Vomiting</b>		
Nausea?	Y	N
Related to headaches?	Y	N
Vomiting?	Y	N
Related to headaches?	Y	N
<b>Sleep Disturbance</b>		
Trouble falling asleep?	Y	N
Trouble staying asleep?	Y	N
Any other sleep disturbances? If so, describe:	Y	N
<b>Vertigo?</b> (spinning sensations)	Y	N
<b>Lightheadedness?</b>	Y	N
<b>Balance Problems?</b> If so, describe:	Y	N
<b>Coordination Problems?</b> If so, describe:	Y	N

<b>Weakness</b>		
Generalized? (all over)	Y	N
Focal? (specific places) If so, describe:	Y	N
<b>Numbness</b>		
Generalized? (all over)	Y	N
Focal? (specific places) If so, describe:	Y	N
<b>Visual Disturbance</b>		
Blurry vision?	Y	N
Double vision?	Y	N
Blind spots?	Y	N
Other?	Y	N
<b>Tinnitus?</b> (ringing in the ears)	Y	N
<b>Loss of smell or taste?</b>	Y	N
<b>Body Temperature Control</b>		
Very hot?	Y	N
Very cold?	Y	N
<b>Bowel/Bladder</b>		
Change in bowel or bladder function?	Y	N
Incontinence?	Y	N
<b>Sexual Function</b>		
Disturbance of sexual function? If so, describe:	Y	N
<b>Emotional Signs/Symptoms</b>		
Depression? Worsening prior depression?	Y	N
Anxiety? Worsening prior anxiety?	Y	N

Irritation/frustration?	Y	N
Anger issues?	Y	N
<b>Cognitive Changes/Disturbances</b>		
Attention problems?	Y	N
Short term memory problems?	Y	N
Word-finding difficulty?	Y	N
Confusion?	Y	N
Disorientation?	Y	N
Trouble with complex decision making?	Y	N
<b>Length of Symptoms:</b> _____		
<b>Examined by Neurologist?</b> If so, who? _____	Y	N
<b>Have you ever seen a doctor for any of these symptoms?</b>	Y	N