

Head Injury/Brain Injury/TBI ~ Questionnaire and Checklist

Name:

DOB:

Age:

Date:

Thank you for completing this questionnaire. It is designed to assist us in understanding if you or a member of your family has suffered from any form/type of head injury or brain injury from mild to severe. Under each heading, please check each item that applies to the client and answer each question when relevant. Feel free to add any information you would like to any checked item.

CAUSES OF INJURY / TRAUMA

Birth trauma

- Lack of oxygen to baby during delivery
- Cord around neck
- Forceps or Suction delivery
- C-section
- Difficult/long labor
- OTHER:

Early trauma

- Fell out of crib
- High fever (104 or 105 degrees)
- Rolled off a diaper changing surface
- Dropped
- Fell off chair or other furniture
- OTHER:

Home trauma

- Fell on ice
- Fell off ladder
- Fell off roof
- Fell down stairs
- Fell out of a tree
- Fell out of a window
- Hit head or forehead on the floor, piece of furniture, or counter-top
- Tripped on rug, step, sidewalk or unlaced shoes
- OTHER:

Activity trauma

- Fell during cheer Leading
- Fell off bicycle
- Fell off horse
- Fighting/wrestling/boxing
- Football
- Gymnastics
- Skate Boarding
- Ice and Roller Hockey, especially as a Goalie
- Playground injuries (accidental bang of the head on the playground equipment, etc.)
- Race car driving
- Skating -slipped on the ice and "cracked" your head
- Sledding and hit an object or another person
- Snow skiing and fell
- Soccer
- Surfing
- Target shooting with guns
- Zip Lines
- OTHER:

Work/Relational trauma

- Compressor driven tools (jack hammer, nail guns)
- Explosives
- Abuse
- Fighting (physical fighting/punching Hit in head Punch or blow to face/head)
- Slapped in head
- "Play" fighting and was knocked in the head
- OTHER:

Other Injuries

- Auto accident / whiplash
- Head banging against a wall or object
- Fainted
- Hit self in head when angry, upset, frustrated, etc.
- Head thrashing (very popular with metal and hard rock genres)
- War injury (explosives, etc.)
- OTHER:

If the client had a head injury, did the head injury result in having any of the following:

- Black out
- Bump on head
- Concussion
- Lacerations/bleeding/stiches
- Skull fracture
- OTHER:

If the client had a head injury, did they experience any of the following behavioral deficits?

- Aggression
- Cognitive –related impairments
- Coping skills deficits
- Interpersonal skills problems
- Self-care skills diminished
- OTHER:

If the client experienced a head injury, since having the head injury have they experienced any of the following symptoms?

- Agitation
- Aggression
- Alcohol use (increased)
- Altered executive function
- Anxiety
- Apathy
- Ataxia (unsteadiness)
- Attentional problems
- Balance problems
- Blurred vision
- Coldness
- Concentration problems
- Confusion
- Depression
- Dizzy (vertigo)
- Ear infections
- Emotional lability
- Fatigue
- Focusing problems
- Foggy headed
- General intelligence deficits
- Headache
- Hearing deficits
- Impulsivity
- Impaired judgment
- Information processing problems / slowed processing
- Irritable/angry
- Language problems
- Light headed
- Memory problems
- Moody
- Motor skills deficits
- Nausea
- Obsessive thoughts
- Panic
- Poor memory
- Seizures
- Sensitivity to light/noise
- Sinus problems
- Sleep Problems
- “Spacey” or “spaced out”
- Substance abuse
- Walking/gait problems
- Weakness
- Weight gain
- Weight loss

Additional Questions:

- 1) Has the client ever had broken bones, (i.e., you may not remember a head injury, but broke a collar bone or other bone in a fall or impact)?

- 2) Does the client experience “emotional instability” (involuntary laughing or crying spells provoked by trivial stimuli)?

- 3) Has the client EVER been to the emergency room? If yes, can you tell the story of that incident?