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.

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 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

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 below.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Loss of consciousness (LOC)/knocked out</th>
<th>Dazed/Mem Gap</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>No LOC</td>
<td>&lt; 30 min</td>
<td>30 min-24 hrs</td>
<td>&gt; 24 hrs</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

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

**Step 3**
Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

<table>
<thead>
<tr>
<th>Cause of repeated injury</th>
<th>Typical Effect</th>
<th>Most Severe Effect</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dazed/memory gap, no LOC</td>
<td>LOC</td>
<td>LOC &lt; 30 min</td>
<td>Began</td>
</tr>
<tr>
<td>LOC</td>
<td></td>
<td>LOC 30 min - 24 hrs.</td>
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<tr>
<td>LOC ≥ 24 hrs.</td>
<td></td>
<td>LOC &gt; 24 hrs.</td>
<td></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

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### Step 1

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<th>Loss of consciousness (LOC)/knocked out</th>
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<tbody>
<tr>
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<td>30 min-24 hrs</td>
</tr>
<tr>
<td>&gt; 24 hrs</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**If more injuries with LOC:**

- How many? _______
- Longest knocked out? _______
- How many ≥ 30 mins.? _______
- Youngest age? _______

### Step 2

**Interpreting Findings**

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

- **WORST**
  - One moderate or severe TBI

- **FIRST**
  - TBI with loss of consciousness before age 20

- **MULTIPLE**
  - 2 or more TBIs close together, including a period of time when they experienced multiple blows to the head

- **RECENT**
  - A mild TBI in the last weeks or a more severe TBI in the last months

- **OTHER SOURCES**
  - Any TBI combined with another way that their brain function has been impaired

### Step 3

**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