Name: _____ Current Age:_____ Interviewer Initials: _____ Date: _____

Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and other Acquired Brain Injuries

1. Please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or Emergency room. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports or an injury during military service.

a. Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

- ☐ Yes
- ☐ No (IF NO, GO TO QUESTION 2)

b. What was the longest time you were knocked out or unconscious? (Choose just one; if you are not sure please make your best guess.)

- ☐ knocked out or lost consciousness for less than 30 minutes
- ☐ knocked out or lost consciousness between 30 minutes and 24 hours
- ☐ knocked out or lost consciousness for 24 hours or longer

c. How old were you the first time you were knocked out or lost consciousness?

_____ years old

2. Have you ever lost consciousness from a drug overdose or being choked?

- ☐ Yes
- ☐ No (IF NO, GO TO QUESTION 3)

a. How many times from a drug overdose?
_____# overdose

b. How many time from being choked?
_____# choked

3. Have you EVER been told by a doctor or other health professional that you had any of the following?

- ☐ epilepsy or seizures?
- ☐ a stroke or a transient ischemic attack?
- ☐ cerebral palsy?
- ☐ brain cancer?
- ☐ a brain infection like meningitis or encephalitis?
- ☐ toxic exposure, like to lead or pesticides?
- ☐ dementia, like Alzheimer's Disease?
- ☐ a progressive disease like AIDS, multiple sclerosis, Parkinson's Disease or Huntington's Disease? (if yes, which one _____)

Take this simple test to evaluate if you may have sustained a brain injury. It is important to note that this test is not a diagnosis and DOES NOT replace a face-to-face evaluation with a trained professional. All information is kept confidential. Your answers may be analyzed statistically for program evaluation and research.

Interpreting Findings

The validity of this tool is not based on elicitation of a perfect accounting for a person's lifetime history of brain injury. Instead, it provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure.

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 15
- OTHER SOURCES: Any TBI combined with another way their brain function has been impaired

IDPH Iowa Department of Public Health

ABI SCREENING TOOL
LIFETIME HISTORY OF TRAUMATIC INJURY (from the OSU TBI-ID) AND OTHER ACQUIRED BRAIN INJURIES SCREENING TOOL
INSTRUCTIOINS

Brain injury is a chronic condition. It is often a multi-occurring condition with mental health, substance abuse, unemployment, corrections involvement, and homelessness. Screening for brain injury is a best practice when responding to, and/or planning clinical and community based responses for clients served in health, community and corrections services. Brain injury screening tools do NOT provide a diagnosis or indicate an absence of a brain injury. They are however valid for a brief assessment for a person's exposure to brain injury.

Definitions

Acquired brain injuries (ABI) occur when there is an event that results in damage to the brain anytime during a person's life after birth which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions. Brain injuries are not primarily related to a degenerative disease or aging process

Non-traumatic brain injuries are injuries to the brain caused by stroke, infection, anoxia, vascular lesions, or tumor of the brain.

Traumatic brain injuries (TBI) may be penetrating or non-penetrating and are from external forces causing trauma to the brain to such as from a bump, blow, jolt, blast, or hit to the body. Concussions are a type of TBI.

Administration of OSU TBI-ID+ABI Interview Form

The Screening for Lifetime History of TBI and other Acquired Brain Injuries (OSU TBI-ID+ABI) is a standardized tool to screen for an Acquired Brain Injury.

- Administer this screening tool, either by telephone or face-to-face.
- Complete questions 1 – 3.

Interpretation of Screening Results

The validity of this tool is not based on elicitation of a perfect accounting of a person's lifetime history of brain injury. Instead, this provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure.

It is recommended that additional consideration be given to the potential effects of this exposure when:

- WORST – One moderate or severe TBI (question 1 b)
  - Moderate = Lost consciousness between 30 minutes to 24 hours
  - Severe = lost consciousness for 24 hours or longer
- FIRST – TBI with any loss of consciousness before age 15 (question 1 c)
- OTHER SOURCES – Any ABI combined with another way that their brain function has been impaired (questions 2 & 3)

Next Steps

After completion of the OSU TBI-ID+ABI, the following steps should be considered:

- Provide a copy of the completed tool to the individual for their records.
- If warranted (i.e., the individual screens positive for worst, first, or other sources as defined in the interpretation of screening results).
  - Complete the Mayo-Portland Adaptability Inventory-4 (available at http://www.tbims.org/mpai/).
  - Refer the individual to a medical professional for additional assessment(s).
- Provide information about, or make a referral to, resource facilitation available through the **Brain Injury Alliance of Iowa (BIA-IA) at info@biaia.org or by calling 855-444-6443**. More information about BIA-IA can be found at www.biaia.org.
- Additional steps may be recommended by your organization for further assessments or medical record requests.

The OSU TBI-ID+ABI adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bagner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329. ©Reserved 2007, The Ohio Valley Center for Brain Injury Prevention and Rehabilitation

This project was supported, in part, by grant number 90TBSG0037, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encourage d to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

For more information about the Iowa Brain Injury Services Program, visit http:idph.iowa.gov/brain-injuries