

# 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

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.

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 Cause	Step 2 Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
	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 Cause of repeated injury	Typical Effect		Most Severe Effect			Age		
	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended

(Continuation from reverse side, if needed)

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ Interviewer Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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 15
  
- **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

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

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

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

- Ohio Valley Center at OSU  
[www.ohiovalley.org/informationeducation](http://www.ohiovalley.org/informationeducation)
  
- BrainLine.org  
[www.brainline.org](http://www.brainline.org)