

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 department. 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 had a period of time in which you experienced multiple, repeated impacts to your head (e.g., history of abuse, contact sports, military duty)?

- ☐ Yes
- ☐ No (IF NO, GO TO QUESTION 3)
- a. How old were you when these repeated injuries began?
- _____ years old
- b. How old were you when these repeated injuries ended?
- _____ years old

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

- ☐ Yes
- ☐ No (IF NO, GO TO QUESTION 4)
- a. How many times from a drug overdose?
- _____ overdose(s)
- b. How many time from being choked?
- _____ choked

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

- ☐ epilepsy or seizures?
- ☐ a stroke, cerebral vascular disease or a transient ischemic attack
- ☐ a tumor of the brain
- ☐ swelling of the brain (edema)
- ☐ toxic effects or poisoning by substances
- ☐ infection like meningitis or encephalitis
- ☐ a brain bleed or hemorrhage
- ☐ child or adult maltreatment syndrome
- ☐ loss of oxygen to the brain - like from a time when you stopped breathing, had a near drowning or experienced a strangulation

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 - there has been moderate or severe TBI (i.e. any TBI with 30 minutes or more loss of consciousness).

FIRST - TBI with any loss of consciousness before age 20.

MULTIPLE - had 2 or more TBIs close together; including a period of time when they experienced multiple blows to the head even if apparently without effect.

OTHER SOURCES - any TBI combined with another way that their brain has been impaired.

Complete this screening to determine if a person may have had a brain injury. It is important to note that this screening does not result in a diagnosis, is not intended to be used for eligibility determination and DOES NOT replace a face-to-face evaluation and assessment with a trained professional. This information should be treated as Protected Health Information. Deidentified data may be analyzed for program evaluation.

ABI SCREENING TOOL

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

INSTRUCTIONS

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 – 4.

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:

- A person may be more likely to have ongoing problems if they have any of the following:
 - WORST - there has been moderate or severe TBI (i.e. any TBI with 30 minutes or more loss of consciousness).
- FIRST - TBI with any loss of consciousness before age 20.
 - MULTIPLE - had 2 or more TBIs close together; including a period of time when they experienced multiple blows to the head even if apparently without effect.
 - OTHER SOURCES - any TBI combined with another way that their brain has been impaired. OTHER SOURCES – Any ABI

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

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For more information about the Iowa Brain Injury Services Program, visit <https://hhs.iowa.gov/brain-injuries>