

Name: _____

Current Age: _____

Interviewer Initials: _____

Date: _____



Pediatric Lifetime History of Traumatic Brain Injury & other Acquired Brain Injuries

(from the Colorado Brain Check Survey Screening Tool)

1. Please think about injuries your child (ages 5-21) has had during their entire lifetime, especially those that affected their head or neck. Thinking about those injuries, has your child had any of the following:

Has a physician diagnosed your child with a brain injury?

Yes No

If yes, go to question #3. If not, please indicate if there is a lifetime history of any of the following:

- Blow to the head (from sports, playing, biking, falling, getting hit by an object, etc.)
- Whiplash
- Motor vehicle crash resulting in any degree of injury or lack of injury).
- Assault/violence (child abuse, fights, firearm injury)
- NONE OF THE ABOVE (IF NO, GO TO QUESTION 2)

If yes to any of the above, indicate below if the injury resulted in any of the following:

Check all that apply:

- Concussion
- Loss of consciousness
For how long? _____
- Confusion or altered mental state
- Missed school
- Resulted in no problem



2. Please indicate if you have ever been told by a healthcare professional that your child has any of the following:

- Loss of oxygen at birth
- Brain tumor
- Cerebral palsy
- Loss of oxygen to the brain (Examples - a time they stopped breathing, had a near drowning or suffocating experience or experienced strangulation)
- Infection of the brain and/or sustained high fever
- Swelling of the brain (edema)
- Epilepsy or seizures
- Child maltreatment syndrome
- Brain bleed or hemorrhage
- Overdose of drugs/alcohol, inappropriate use of prescription drugs/over the counter meds
- Toxic effects or poisoning by substances
- NONE OF THE ABOVE (IF NO, GO TO QUESTION 3)

If yes to any in question 2, indicate below if the injury resulted in any of the following:

Check all that apply:

- Loss of consciousness
For how long? _____
- Confusion or altered mental state
- Missed school
- Resulted in no problem

3. Has your child ever been to the emergency department or received other medical care related to a brain injury or as identified in questions one or two?

Yes

At what age? _____

Please explain: _____

No

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. De-identified data may be analyzed for program evaluation.

This screening tool is adapted from the work of Pat L. Sample Ph.D. and Colorado State University.

The screening tool and instructions for completion can be accessed at <https://idph.iowa.gov/brain-injuries>

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**PEDIATRIC SCREENING TOOL INSTRUCTIONS
PEDIATRIC LIFETIME HISTORY OF TRAUMATIC
BRAIN INJURY
&
OTHER ACQUIRED BRAIN INJURIES SCREENING TOOL INSTRUCTIONS
(From the Colorado Brain Check: Screening Tool)**



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 the Pediatric Interview Form

The Screening for Lifetime History of TBI and other Acquired Brain Injuries (from the Colorado Brain Check: Screening Tool) and other Acquired Brain Injuries is a tool to screen for an individual's lifetime history of Acquired Brain Injury (ages 5 – 21).

- Administer this screening tool, either by telephone or face-to-face.
- Complete questions 1 – 3 (read prompter statement/question for each section followed by each response option).

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, it provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure to brain injury.

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

- Concussion
- Loss of consciousness
- Confusion or altered mental state
- Missed school
- Been to the ER for any of the injuries and/or conditions noted in questions #1 & #2

Next Steps

After completion Pediatric Lifetime History of Traumatic Brain Injury & other Acquired Brain Injuries, the following steps should be considered:

- Provide a copy of the completed tool to the guardian for their records (or the individual age 18-21 if he/she does not have a guardian)
- If warranted consider: 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 who may recommend:
- Referring the individual to a medical professional for additional assessment(s).
- Additional steps may be recommended by your organization for further assessments or medical record requests.

The Colorado Brain Check: Screening Tool is adapted with permission from Pat Sample, Ph.D. and Colorado State University.

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 encouraged 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>

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