

# TRAUMATIC BRAIN INJURY

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## Initial Screening

Have you had any or the following experiences which resulted in a collision of your head and another object?

- \_\_\_ 1. automobile accident
  - a.) hitting a windshield
  - b.) whiplash type of injury to the head or neck
- \_\_\_ 2. other forms of whiplash injury
- \_\_\_ 3. being a victim of physical abuse by a parent or spouse
- \_\_\_ 4. being assaulted or victimized by crime
- \_\_\_ 5. involved in a fight
- \_\_\_ 6. gunshot wound
- \_\_\_ 7. falling
- \_\_\_ 8. sports activity
- \_\_\_ 9. walking into an object (e.g., tree, door, Wall, pole)
- \_\_\_ 10. other (please explain.)\_\_\_\_\_

Have any of these experiences resulted in the following consequences?

- \_\_\_ 1. loss of consciousness
- \_\_\_ 2. coma
- \_\_\_ 3. headaches lasting more than a day
- \_\_\_ 4. hospitalization
- \_\_\_ 5. surgery
- \_\_\_ 6. a bump on the head

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Have any of these experiences caused you to have the following physical, psychological, and mental problems?

- 1. feel groggy or disoriented for more than one day
- 2. feels like you are not the same person
- 3. people telling you that you do not seem like the same person
- 4. difficulty controlling temper
- 5. problems with memory
- 6. problems with vision
- 7. problems with balance
- 8. problems with coordination
- 9. problems with relationships
- 10. problems performing your job
- 11. problems understanding or following conversation
- 12. problems with daily activities
- 13. difficulty remembering the right word when talking
- 14. anxiety
- 15. depression
- 16. thoughts of suicide
- 17. acting impulsively
- 18. numbness or loss of feeling
- 19. loss of interest
- 20. changes (increase or decrease) in use of alcohol or drugs

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