

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

Ohio State University TBI Identification Method + ABI — 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.

- 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
- 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
- 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
- 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
- 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.

6. 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 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	30 Min-24 hrs	LOC > 24 hrs.	Begin	Ended

Step 4 Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

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 4

Interviewer instruction:
Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

- Have you ever been told that you have had a stroke or bleeding in your brain? *Other words you may have heard include "ruptured aneurysm" or "infarct"*
 NO YES—Record cause in chart
- Have you ever been told that you have had a loss of oxygen to the brain? *This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.*
 NO YES—Record cause in chart
- Have you ever been electrocuted or struck by lightning?
 NO YES—Record cause in chart
- Have you ever had an infection in your brain? *You may have heard the words "meningitis" or "encephalitis"*
 NO YES—Record cause in chart
- Have you ever had a tumor in your brain?
 NO YES—Record cause in chart
- Have you ever had brain surgery? *This could have been surgery for epilepsy, shunt placement, or tumor removal.*
 NO YES—Record cause in chart
- Have you ever been exposed to toxic hazards? *This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.*
 NO YES—Record cause in chart

Adapted from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, 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.

*Addition of Step 4 is provided by the RHI Resource Facilitation Department.

SCORING CRITERIA

Total number of injuries with LOC = _____

Classifying Worst Injury (circle one):

IMPROBABLE TBI	If all interview questions #1-5 are “no” or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.
POSSIBLE MILD TBI WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.
MILD TBI WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.
MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.
SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.