

OSU TBI mod UNITE

TBI History (Ohio State University TBI Identification Method Short Form)

66. Had [decedent] ever been hospitalized or treated in an emergency room following an injury to his/her head or neck? Think about any childhood injuries you remember or were told about.

☐ 0.No ☐ 1. Yes

67. Had [decedent] ever injured his/her head or neck in a car accident or from some other moving vehicle accident? (e.g. motorcycle, ATV)

☐ 0.No ☐ 1. Yes

68. Had [decedent] ever injured his/her head or neck in a fall or from being hit by something? (e.g. falling from a bike, horse, rollerblades, falling on ice, being hit by a rock)? Had [decedent] ever been injured playing sports or on the playground?

☐ 0.No ☐ 1. Yes

69. Had [decedent] ever injured his/her head or neck in a fight, from being hit by someone or being shaken violently? Had [decedent] ever been shot in the head?

☐ 0.No ☐ 1. Yes

70. Had [decedent] ever been nearby when an explosion or a blast occurred? If he/she served in the military, think about any combat-related incidents.

☐ 0.No ☐ 1. Yes

If all above are "No" then go to Concussion Hx. If answered "Yes" to any of the questions above, ask:

71. Was [decedent] knocked out or unconscious following any of the injuries you mentioned above? DO NOT INCLUDE LOSING CONSCIOUSNESS DUE TO DRUG OVERDOSE OR FROM BEING CHOKED (see below).

☐ 0.No ☐ 1. Yes

72. Was [decedent] dazed or had a gap in his/her memory from the injury(ies) you mentioned above? [RULE OUT ALCOHOL BLACKOUTS]

☐ 0.No ☐ 1. Yes

[If decedent was ever knocked out or unconscious following any of the head injuries] For each injury resulting in loss of consciousness, how old was [decedent] and for how long was he/she knocked out? (If not sure of the time frame, encourage them to make their bestguess)

71a. Loss of consciousness | Date or Age: Date:

((Auto-populate Age immediately; Ignore if answered in age))

Age:

Age:

(Unknown=999) _____

71b. Loss of consciousness 1 duration:

([numeric])

71c. Loss of consciousness 1 unit:

☐ 1. Seconds ☐ 2. Minutes ☐ 3. Hours ☐ 4. Days

71d. Is there another injury with loss of consciousness?

☐ 0. No ☐ 1. Yes

72a. Loss of consciousness 2 Date or Age:Date:

((Auto-populate Age immediately; Ignore if answered in age))

Age:

Age:

(Unknown=999)

72b. Loss of consciousness 2 duration:

([numeric])

72c. Loss of consciousness 2 unit:

☐ 1. Seconds ☐ 2. Minutes ☐ 3. Hours ☐ 4. Days

72d. Is there another injury with loss of consciousness?

☐ 0. No ☐ 1. Yes

73a. Loss of consciousness 3 Date or Age:Date:

((Auto-populate Age immediately; Ignore if answered in age))

Age:

Age:

(Unknown=999)

73b. Loss of consciousness 3 duration:

([numeric])

73c. Loss of consciousness 3 unit:

☐ 1. Seconds ☐ 2. Minutes ☐ 3. Hours ☐ 4. Days

73d. Is there another injury with loss of consciousness?

☐ 0.No ☐ 1. Yes

74a. Loss of consciousness 4 Date or Age:Date:

((Auto-populate Age immediately; Ignore if answered in age))

Age:

Age:

(Unknown=999) _____

74b. Loss of consciousness 4 duration:

([numeric]) _____

74c. Loss of consciousness 4 unit:

☐ 1. Seconds ☐ 2. Minutes ☐ 3. Hours ☐ 4. Days

74d. Is there another injury with loss of consciousness?

☐ 0.No ☐ 1. Yes

75a. Loss of consciousness 5 Date or Age:Date:

((Auto-populate Age immediately; Ignore if answered in age))

Age:

Age:

(Unknown=999) _____

75b. Loss of consciousness 5 duration:

([numeric]) _____

75c. Loss of consciousness 5 unit:

☐ 1. Seconds ☐ 2. Minutes ☐ 3. Hours ☐ 4. Days

75d. Is there another injury with loss of consciousness?

☐ 0.No ☐ 1. Yes

76. If more than 5, how many more?

77. Longest knocked out?

a. Units:

☐ 1. Seconds ☐ 2. Minutes ☐ 3. Hours ☐ 4. Days

78. How many ? 30mins?

79. Youngest age? Date or Age:Date:

((Auto-populate Age immediately; Ignore if answered in age))

Age: _____

Age: _____
(Unknown=999)

80 Had [decedent] ever lost consciousness from a drug overdose or being choked?
☐ 0.No ☐ 1. Yes

96. Number of times from a drug overdose

97. Number of times from being choked

Notes: _____