TRACK-TBI

Transforming Research and Clinical Knowledge in Traumatic Brain Injury

International Traumatic Brain Injury Research Initiative

Case Report Forms

Baseline Demographics and Emergency Department Variables TBI Patients

Table of Contents

CLINICAL PROTOCOL GRID

CA	CA+MRI/HDFT	Procedure	Admission	Hospital	2W	3M*	6M	12M
♦	♦	Admission Data	X	X+				
♦	♦	Blood (DNA, Biomarkers)	X (optional repeat @ 3-6h)					
♦	♦	Blood (Biomarkers)		X (day 3,5)+	X		X	
♦	♦	Daily Clinical Data	X+	X (daily)+				
♦	♦	High Resolution ICU Data	X¥	X (daily)¥				
♦	♦	CSF (Biomarkers, optional)		X (days 1-7)¥				
♦	♦	Clinical Brain CT (and MRI)	X	X (all)+				
	♦	3T Research Brain MRI			X		X	
♦	♦	Outcomes: Full Battery			X	X	X	X

* Outcomes administration at the 3M time conducted only by telephone

\+ Collected only for those admitted to the Ward or ICU

¥ Collected only for those admitted to the ICU

Screening Log

Patient Identification Information

Month Year	Screener Initials	Age (0-100)	Sex	Documented/verified TBI (ACRM Criteria)
			☐ Male ☐ Female	☐ MVO=MV Occupant ☐ MVP=MV Ped/Cyclist ☐ F= Fall ☐ ONI=Other non- intentional ☐ V/A=Violence/Assault ☐ O=Other

INCLUSION

Injury occurred < 24 hours ago
☐ Yes
☐ No

Acute brain CT for clinical care
☐ Yes
☐ No

Visual acuity/hearing adequate for testing
☐ Yes
☐ No

Fluency in English or Spanish
☐ Yes
☐ No

Ability to provide informed consent
☐ Yes
☐ No

EXCLUSION

Significant polytrauma that would interfere with follow-up and outcome assessment
☐ Yes
☐ No

Prisoners or patients in custody
☐ Yes
☐ No

Pregnancy in female subjects
☐ Yes
☐ No

Patients on psychiatric hold (e.g. 5150, 5250)
☐ Yes
☐ No

Major debilitating baseline mental health disorders (e.g. schizophrenia or bipolar disorder) that would interfere with follow-up and the validity of outcome assessment
☐ Yes
☐ No

Major debilitating neurological disease (e.g. stroke, CVA, dementia, tumor) impairing baseline awareness, cognition, or validity of follow-up and outcome assessment
☐ Yes
☐ No

Significant history of pre-existing conditions that would interfere with follow-up and outcome assessment (e.g. substance abuse, alcoholism, end-stage cancers, learning disabilities, developmental disorders)
☐ Yes
☐ No

Contraindications to MRI (for CA+MRI cohort)

☐ Yes
☐ No

Low likelihood of follow-up (e.g. participant or family indicating low interest, residence in another state or country, homelessness or lack of reliable contacts

☐ Yes
☐ No

Current participant in an interventional trial (e.g drug, device, behavioral)

☐ Yes
☐ No

Patient Number (only for enrolled patients)

Patient was approached to consent and declined to participate

☐

Describe Reason:

Subject

Patient Identification Information

Subject Notes

Initials

Waiver
- Waiver Pending
- No Consent
- Consent Obtained

Patient Number

Date Time of Injury

Reliability of Date Time of Injury
- Verified
- Estimated
- Unknown

Last Name

First Name

Middle Name

No Middle Name

DOB

Age at time of Injury (please enter)

Older than 89

Sex
- Male
- Female

At Birth Information

For compound first names that do not distinguish between the first and middle names, enter first name as “First Name” and second as “Middle Name.” Example: Carlos Rafael Estevez Castillo is entered as Carlos (First) Rafael (Middle) and Estevez-Castillo (Last).

Names and sex at birth are same as above

Last Name At Birth

First Name At Birth

Middle Name At Birth

No middle name at Birth

Sex At Birth
- Male
- Female

Informed Consent

Consent Source
- Patient
- Legal surrogate
- Parent

Consent by Patient later
- Yes
- No

Date Time of later consent by Patient

Timing of consent
- Written Informed Consent BEFORE Enrollment
- Written Informed Consent AFTER Enrollment

Timing of consent for pediatric patient
- written assent BEFORE enrollment
- written assent AFTER enrollment

Consented by:
- MD
- RN
- Research Coordinator
- Research Assistant
- Other

Specify other consent:

Date and time written consent signed: (mm/dd/yyyy hh:mm)

Time Since Injury (Informed Consent)

Site
- BCM-TIRR-UTHSCH
- DH-CH
- Emory - Grady Memorial Hospital
- Hennepin County Medical Center
- Indiana University Health Methodist Hospital
- Medical College of Wisconsin - Froedtert Hospital
- MGH-SRH
- UCSF

Clinical Summary at Time of Enrollment. NO PHI

- ☐ Univ. of Cincinnati
- ☐ Univ. of Maryland
- ☐ Univ. of Miami
- ☐ Univ. of Pittsburgh
- ☐ Univ. of Washington
- ☐ University of Utah Health Care
- ☐ UPenn
- ☐ UT Austin
- ☐ UT Southwestern
- ☐ VCU

Indicate hospital where subject was enrolled:

- ☐ BCM
- ☐ UTHSCH

Patient Group:

- ○ ED Discharge
- ○ Hospital admit no ICU
- ○ Hospital admit with ICU
- ○ TED Friend Control

Initial Cohort (Do Not Select BA)

- ○ CA-MRI
- ○ CA
- ○ BA
- ○ CA-MRI-HDFT
- ○ CA-MRI Friend Control
- ○ CA Friend Control
- ○ CA Ortho Control
- ○ CA-MRI Ortho Control

☐ **Consent Withdrawn**

Date and time Consent Withdrawn

Time Since Injury (Consent withdrawn)

Reason for Withdrawn Consent

If "No Consent" then email 'support@tracktbi.freshdesk.com' to request deletion. Provide Subject ID and Pt No.

SD II

- ☐ Yes – Initial Group 1 (Strip + EEG)
- ☐ Yes – Initial Group 2 (Intraparenchymal + EEG)
- ☐ Yes – Initial Group 3 (EEG only)
- ☐ No – Not a participating study site
- ☐ No – Ineligible inclusion/exclusion
- ☐ No – LAR not available
- ☐ No – Consent refused
- ☐ No – Consent not sought
- ☐ No – Moberg CNS not available

Contact Information

Patient Identification Information

Last Name | First Name | MRN

Form Completion Status
- ☐ Not Started
- ☐ In Process
- ☐ Complete
- ☐ Not Complete
- ☐ Incompletable - No Show
- ☐ Incompletable - Pt Factors

Sex
- ☐ Male
- ☐ Female

DOB | Age | ☐ Older than 89

Date Time of Injury

Level of Education

Handedness
- ☐ Righthanded
- ☐ Lefthanded
- ☐ Both
- ☐ Unknown

Home Phone

Alt Phone1 | Phone Type
- ☐ Cell
- ☐ Work

Alt Phone2 | Phone Type
- ☐ Cell
- ☐ Work

Email

Address

City

State | Zip

Contact1 Name | Contact1 Relationship | Contact1 Phone

Contact2 Name | Contact2 Relationship | Contact2 Phone

Glasses available for distance
○ Yes ○ No

Contacts Available

Yes No

Race

- Indian
- Alaskan Native/Inuit
- Asian
- Black
- Native Hawaiian/Pacific Islander
- White
- Race Unknown

Ethnicity

- Hispanic or Latino
- Non Hispanic or Latino
- Unknown

Speech+GOAT Baseline

Patient Identification Information

Speech Intelligibility administered
- Yes
- No

Test Completion Code Speech

Speech Completion Code Other

Confounding Issues

Type of GOAT administered
- Standard GOAT
- Written GOAT
- Modified GOAT
- Not administered

Test Completion Code GOAT | **Test Completion Code** GOAT | **Test Completion Code** GOAT | **GOAT Not Admin Completic**

GOAT Completion Code Other | Written GOAT Completion Code Other | Modified GOAT Completion Code Other | GOAT Not Ac

Confounding Issues | Confounding Issues | Confounding Issues

Test Completion Codes

Speech Intelligibility

Date | Start Time | Stop Time | Time Spent

After the participant has been greeted and oriented to the assessment, engage him or her in informal conversation to determine if expressive speech is intelligible at the sentence level. Prompt the subject to repeat the sentence, “In May the apple trees blossom” and record the response verbatim:

Was the speech intelligible? Yes No

If the subject’s verbal output is not fully intelligible (ie, one or more words cannot be understood), instruct the participant to write the following sentence, “In May, the apple trees blossom” in the space below. Fold the page in half so the top half showing the verbal response is not visible to the participant:

Was writing legible? Yes No

Standard GOAT

Date | Start Time | Stop Time | Time Spent

1. What is your name? No Error / Error (-2)

When were you born? No Error / Error (-4)

Where do you live? No Error / Error (-4)

2. Where are you now:
(a) City No Error / Error (-5)

(b) Building No Error / Error (-5)

3. On what date were you admitted to the hospital? No Error / Error (-5)

How did you get here? No Error / Error (-5)

4. What is the first event you can remember after the injury? No Error / Error (-5)

Can you give some detail? No Error / Error (-5)

5. What is the last event you can recall before the injury? No Error / Error (-5)

Can you give some detail? No Error / Error (-5)

6. What time is it now?
- No Error
- Half-hour error (-1)
- One hour error (-2)
- One and one-half hour error (-3)
- Two hour error (-4)
- Two and one-half hour + error (-5)

7. What day of the week is it?
- No Error
- One day error (-1)
- Two day error (-2)
- Three day error (-3)

8. What day of the month is it? (i.e. the date)
- No Error
- One day error (-1)
- Two day error (-2)
- Three day error (-3)
- Four day error (-4)
- Five day + error (-5)

9. What is the month?
- No Error
- One month error (-5)
- Two month error (-10)
- Three or more month error (-15)

10. What is the year?
- No Error
- One year error (-10)
- Two year error (-20)
- Three or more year error (-30)

Total Error: ____ 100

Total Actual Score = (100 - total error) = 100 - _____ = ____

Calculates on Save

Written GOAT

Date	Start Time	Stop Time	Time Spent

1. What is your name?
- No Error
- Error (-2)

When were you born?
- No Error
- Error (-4)

Where do you live?
- No Error
- Error (-4)

2. Where are you now:

(a) City
- No Error
- Error (-5)

(b) Building
- No Error
- Error (-5)

3. On what date were you admitted to the hospital?
- No Error
- Error (-5)

How did you get here?
- No Error
- Error (-5)

6. What time is it now?
- No Error
- Half-hour error (-1)
- One hour error (-2)
- One and one-half hour error (-3)
- Two hour error (-4)
- Two and one-half hour + error (-5)

7. What day of the week is it?
- No Error
- One day error (-1)
- Two day error (-2)
- Three day error (-3)

8. What day of the month is it? (i.e. the date)
- No Error
- One day error (-1)
- Two day error (-2)
- Three day error (-3)
- Four day error (-4)
- Five day + error (-5)

9. What is the month?
- No Error
- One month error (-5)
- Two month error (-10)
- Three or more month error (-15)

10. What is the year?
- No Error
- One year error (-10)
- Two year error (-20)
- Three or more year error (-30)

Total Error: ____ 88

Total Actual Score = (88 - total error) = 88 - _____ = ____

Calculates on Save

Modified GOAT

Date	Start Time	Stop Time	Time Spent

1. What is your name?	☐ No Error ☐ Error (-2)
2. When were you born?	☐ No Error ☐ Error (-4)
3. Where do you live?	☐ No Error ☐ Error (-4)
4. Where are you now?	☐ No Error ☐ Error (-5)
5. What city are you in right now?	☐ No Error ☐ Error (-5)
6. On what date were you admitted to the hospital?	☐ No Error ☐ Error (-5)
7. How did you get to the hospital?	☐ No Error ☐ Error (-5)
8. What time is it now?	☐ No Error ☐ Half-hour error (-1) ☐ One hour error (-2) ☐ One and one-half hour error (-3) ☐ Two hour error (-4) ☐ Two and one-half hour + error (-5)
9. Is it am or pm?	☐ Correct ☐ Incorrect
10. What day of the week is it?	☐ No Error ☐ One day error (-1) ☐ Two day error (-2) ☐ Three day error (-3)
11. What day of the month is it? (i.e. the date)	☐ No Error ☐ One day error (-1) ☐ Two day error (-2) ☐ Three day error (-3) ☐ Four day error (-4) ☐ Five day + error (-5)
12. What is the month?	☐ No Error ☐ One month error (-5) ☐ Two month error (-10) ☐ Three or more month error (-15)
13. What is the year?	☐ No Error ☐ One year error (-10) ☐ Two year error (-20) ☐ Three or more year error (-30)
Total Error:	☐ 88
Total Actual Score = (88 - total error) = 88 - _____ =	Calculates on Save

Presentation

Patient Identification Information

Date & Time of Injury
(mm/dd/yyyy hh:mm)

Reliability of Date Time of Injury
- Verified
- Estimated
- Unknown

Presentation
- Primary-Directly to Study Hospital
- Secondary-To First Hospital, then to Study Hospital

Hypotension in field?
Yes No Unknown

Hypoxia in field?
Yes No Unknown

Intubated in field?
Yes No Unknown

Seizures in field?
Yes No Unknown

Duration of Seizures

Study Hospital

Date & Time of arrival to Study Hospital

Time Since Injury (Arrival Study Hospital)

Method of Arrival to Study Hospital
- Ground ambulance with physician
- Ground ambulance no physician
- Private transportation/taxi/other from home/scene
- By foot
- Helicopter
- Other

Other method of Arrival

First Hospital

Date & Time of arrival to First Hospital

Time Since Injury (Arrival First Hospital)

Method of Arrival to First Hospital
- Ground ambulance with physician
- Ground ambulance no physician
- Private transportation/taxi/other from home/scene
- By foot
- Helicopter
- Other

Other Method of Arrival

- Prehospital GCS Unknown

BEST PRE-HOSPITAL GCS

If only one GCS, record under BEST

Date & Time of GCS

Time Since Injury

- Best GCS component scores unavailable

GCS Manual Score

Eye Opening
- 1-No Response
- 2-To Pain
- 3-To Verbal Command
- 4-Spontaneously
- S-Untestable (Swollen)

Best Verbal Response
- 1-No Response
- 2-Incomprehensible Sounds
- 3-Inappropriate Words
- 4-Disoriented & Converses
- 5-Oriented & Converses
- T-Untestable (Tracheotomy)

Best Motor Response
- 1-No Response
- 2-Extension
- 3-Flexion Abnormal
- 4-Flexion Withdrawal
- 5-Localizes to Pain
- 6-Obeys Commands
- P-Untestable (Paralyzed)

GCS Total

12

WORST PRE-HOSPITAL GCS

Date & Time of GCS

Time Since Injury

☐ Worst GCS component scores unavailable

GCS Manual Score

Eye Opening
- ☐ 1-No Response
- ☐ 2-To Pain
- ☐ 3-To Verbal Command
- ☐ 4-Spontaneously
- ☐ S-Untestable (Swollen)

Best Verbal Response
- ☐ 1-No Response
- ☐ 2-Incomprehensible Sounds
- ☐ 3-Inappropriate Words
- ☐ 4-Disoriented & Converses
- ☐ 5-Oriented & Converses
- ☐ T-Untestable (Tracheotomy)

Best Motor Response
- ☐ 1-No Response
- ☐ 2-Extension
- ☐ 3-Flexion Abnormal
- ☐ 4-Flexion Withdrawal
- ☐ 5-Localizes to Pain
- ☐ 6-Obeys Commands
- ☐ P-Untestable (Paralyzed)

GCS Total

Emergency Department

Patient Identification Information

Intubated in ED
Yes No

ED Arrival:

SBP DBP HR RR Ventilation: Assisted Spontaneous Temp, °C SpO_2

ED Discharge (leave blank if only one set of ED Vitals recorded):

SBP DBP HR RR Ventilation: Assisted Spontaneous Temp, °C SpO_2

Notes (No PHI)

GCS & PUPILS

Date & Time of GCS

Time Since Injury

Time of Assessment:
ED Admission
Post-Stabilization

Assessment Conditions
Sedated
Paralyzed
No Sedation or Paralysis
Other

Specify Other Assmt Condition

GCS ARRIVAL

GCS component scores unavailable

Eyes
1-No Response
2-To Pain
3-To Verbal Command
4-Spontaneously
S-Untestable (Swollen)

Verbal
1-No Response
2-Incomprehensible Sounds
3-Inappropriate Words
4-Disoriented & Converses
5-Oriented & Converses
T-Untestable (Artificial Airway)

Motor
1-No Response
2-Extension
3-Flexion Abnormal
4-Flexion Withdrawal
5-Localizes to Pain
6-Obeys Commands
P-Untestable (Paralyzed)

Total

GCS Manual Score

Motor Strength
For ages <18

RUE:
5-Full strength
4-Against resistance
3-Against gravity
2-Not against gravity
1-Flicker/palpable
0-No movement
UTA-Unable to assess

LUE:
5-Full strength
4-Against resistance
3-Against gravity
2-Not against gravity
1-Flicker/palpable
0-No movement
UTA-Unable to assess

RLE:
5-Full strength
4-Against resistance
3-Against gravity
2-Not against gravity
1-Flicker/palpable
0-No movement
UTA-Unable to assess

LLE:
5-Full strength

PUPILS ARRIVAL

	LEFT		RIGHT	
Size (mm)	1	Untestable	1	Untestable
	2	Unknown	2	Unknown
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10		10	
Shape	Round		Round	
	Oval		Oval	
	Unknown		Unknown	
Reactivity	Brisk		Brisk	
	Sluggish		Sluggish	
	Nonreactive		Nonreactive	
	Untestable		Untestable	
	Unknown		Unknown	

- 4-Against resistance
- 3-Against gravity
- 2-Not against gravity
- 1-Flicker/palpable
- 0-No movement
- UTA-Unable to assess

Leave Discharge section(s) blank if GCS &/or pupils only recorded once.

ED DISCHARGE

Date & Time of GCS

Time Since Injury

Assessment Conditions
- Sedated
- Paralyzed
- No Sedation or Paralysis
- Other

Specify Other Assmt Condition

GCS DISCHARGE

- GCS component scores unavailable

Eyes
- 1-None
- 2-To painful stimulation
- 3-To verbal stimulation or touch
- 4-Spontaneous

Verbal
- 1-No Response
- 2-Incomprehensible Sounds
- 3-Inappropriate Words
- 4-Disoriented & Converses
- 5-Oriented & Converses
- T-Untestable (Artificial Airway)

Motor
- 1-No Response
- 2-Extension
- 3-Flexion Abnormal
- 4-Flexion Withdrawal
- 5-Localizes to Pain
- 6-Obeys Commands
- P-Untestable (Paralyzed)

Total

GCS Manual Score

Motor Strength For ages <18

RUE:
- 5-Full strength
- 4-Against resistance
- 3-Against gravity
- 2-Not against gravity
- 1-Flicker/palpable
- 0-No movement
- UTA-Unable to assess

LUE:
- 5-Full strength
- 4-Against resistance
- 3-Against gravity
- 2-Not against gravity
- 1-Flicker/palpable
- 0-No movement
- UTA-Unable to assess

RLE:
- 5-Full strength
- 4-Against resistance
- 3-Against gravity
- 2-Not against gravity
- 1-Flicker/palpable
- 0-No movement
- UTA-Unable to assess

LLE:
- 5-Full strength
- 4-Against resistance
- 3-Against gravity
- 2-Not against gravity
- 1-Flicker/palpable
- 0-No movement
- UTA-Unable to assess

PUPILS DISCHARGE

	LEFT		RIGHT	
Size (mm)	1	Untestable	1	Untestable
	2	Unknown	2	Unknown
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10		10	
Shape	Round		Round	
	Oval		Oval	
	Unknown		Unknown	
Reactivity	Brisk		Brisk	
	Sluggish		Sluggish	
	Nonreactive		Nonreactive	
	Untestable		Untestable	
	Unknown		Unknown	

Labs	Not Done	Results	Value in SI Units
White blood cell			$X10^9$/L or $X10^3$/μL

Toxic Drug Screen

Tox Screen Done Type of sample

Hemoglobin	g/dL		mmol/L	
Hematocrit	%			
Platelet	$X10^9$/L or $X10^3$/µL			
Osmolality	mOsm/kg			
INR				
PT	Seconds			
aPTT	Seconds			
Sodium	mmol/L or mEq/L			
Potassium	mmol/L or mEq/L			
Chloride	mmol/L or mEq/L			
CO_2	mmol/L or mEq/L			
Glucose	mg/dL		mmol/L	
Creatinine	mg/dL		µmol/L	
BUN	mg/dL		mmol/L (of Urea)	
Lactate	mg/dL		mmol/L	

Yes No Serum Urine

Results:
- Opioids
- Cannabis
- Cocaine
- PCP
- Other
- None
- Benzodiazepines
- Amphetamines
- Barbiturates
- Methadone

Blood Alcohol Done
Yes No

Blood Alcohol Level mg/100ml blood
Only numeric values

Check this box, if ETOH of '0' had to be assigned for results recorded in medical record as <10 mg/dl

Pregnancy Test Done
Yes No

Pregnancy Test
Type of sample
Serum Urine
Result:
Positive Negative

Sex
- Male
- Female

Tox screen done before medication given?
Yes No

IV fluids
- None
- Crystalloids
- Hypertonic saline
- Blood
- Albumin
- Vasopressors
- Mannitol

First ABG
ED ABG Done
Yes No

pH pCO_2 mmHg

paO_2 mmHg HCO_3 mmol/L or mEq/L

BE mmol/L or mEq/L

BD mmol/L or mEq/L

FiO_2 FiO_2 Unknown

Conditions:
- Preintubation, Room Air
- Preintubation O2
- Postintubation
- Unknown

Complicating Events
Aspiration
Yes No Suspected Unknown

Cardiopulmonary arrest
Yes No

Seizures in ED
Yes No

Hypotension (SBP < 90 mmHg)
Yes No

Hypoxia (SpO_2 < 90%)
Yes No

Coagulopathy
Correction of coagulopathy:
- Yes
- No
- Unknown

Blood Transfusion
- Yes
- No
- Unknown

Platelets (thrombocytes):
Yes No

Fresh frozen plasma:
Yes No

Recombinant factor 7:
Yes No

Other Coagulation factors, specify:
Yes No

Specify Other Factors:

Vitamin K
Yes No

Disposition from the ED
Destination from ED
- Discharge home
- Transferred other facility
- Hospital admission--Ward
- Hospital admission--ICU
- Hospital admission--Operating room
- Expired
- Observation Unit

Date & Time ED Discharge

Time Since Injury (ED discharge)

How long was the patient in the Observation Unit (hrs)?

Destination from Observation Unit
- Discharge home
- Transferred other facility
- Hospital admission--Ward
- Hospital admission--ICU
- Hospital admission--Operating room
- Expired

Place Of Death
- ED

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- [ ] Observation Unit
- [ ] OR

Death Cause
- [ ] Head injury/initial injury
- [ ] Head injury/secondary intracranial damage
- [ ] Systemic trauma
- [ ] Medical complications
- [ ] Unknown
- [ ] Other

Death Cause Reliability
- [ ] Verified
- [ ] Estimated
- [ ] Unknown

Death Cause Other

Death Date Time

Death Date Time Reliability
- [ ] Verified
- [ ] Estimated
- [ ] Unknown

Cause of Injury

Patient Identification Information

Type of Injury
- Closed
- Blast
- Crush
- Unknown

Place of Injury
- Street/highway
- Home
- Work/school
- Recreational
- Military deployment
- Unknown
- Other

Other Place

Cause of Injury
- Road traffic incident
- Incidental fall
- Other non-intentional injury
- Violence/assault
- Act of mass violence
- Suicide attempt
- Other

Other cause

Intention
- Intentional
- Unintentional
- Undetermined

Mechanism of Injury
(Choose all that apply)
- Acceleration/Deceleration
- Direct impact: blow to head
- Direct impact: head against object
- Crush
- Blast
- Ground level fall
- Fall from height > 1 meter (3 ft)
- Gunshot
- Fragment (incl. shell/shrapnel)
- Other

Other Mechanism

If Road Traffic Accident

Victim:
- Motor vehicle occupant
- Pedestrian
- Cyclist
- Moped/Scooter
- Motor Bike
- Other

Specify Other Victim:

Other Party:
- Motor vehicle
- Pedestrian
- Cyclist
- Moped/Scooter
- Tram/Bus
- Train/Metro
- Obstacle
- No other party
- Unknown
- Other

Specify Other Party:

If Violence

Type:
- Robbery
- Interpersonal violence (fight)
- Domestic assault
- Child abuse
- Gang violence
- Military deployment
- Other

Specify Other Violence:

Victim
Alcohol:
- No
- Suspect
- Definite
- Unknown

Drugs:
- No
- Suspect
- Definite
- Unknown

Other Party
Alcohol:
- No
- Suspect
- Definite
- Unknown

Drugs
- No
- Suspect
- Definite
- Unknown

Safety

Airbag Deployed:	**Seatbelt Used:**	**Helmet Used:**
Yes	Yes	Yes
No	No	No
Not Applicable	Not Applicable	Not Applicable
Unknown	Unknown	Unknown

Cause of TBI *(Choose all that apply from code list and/or fill in appropriate ICD-9-CM codes below)*

And/or ICD-9-CM e-codes

LOC PTA AOC

Patient Identification Information

Location of assessment
- ED
- ICU
- Hospital

LOC (Loss Of Consciousness)
- No
- Yes
- Suspected
- Unknown

Reported By
- Patient
- Witness
- Clinical interview
- Medical chart
- Not available

Duration
- None
- Less than 1 minute
- 1-29 minutes
- 30-59 minutes
- 1-24 hours
- >24 hours
- >7 days
- Unknown

LOC Lucid Interval
- No
- Yes

PTA(Post Traumatic Amnesia)
- No
- Yes
- Suspected
- Unknown

Reported By
- Patient
- Witness
- Clinical interview
- Medical chart
- Not available

Duration
- None
- Less than 1 minute
- 1-29 minutes
- 30-59 minutes
- 1-24 hours
- >24 hours
- >7 days
- Unknown

AOC (Alteration Of Consciousness)
- No
- Yes
- Suspected
- Unknown

Reported By
- Patient
- Witness
- Clinical interview
- Medical chart
- Not available

Duration
- None
- Less than 1 minute
- 1-29 minutes
- 30-59 minutes
- 1-24 hours
- >24 hours
- >7 days
- Unknown

Socioeconomic Adult

Patient Identification Information

Interview given to:

- ☐ Subject alone
- ☐ Subject with confirmation by significant other
- ☐ Significant other only
- ☐ Primarily significant other with confirmation from subject

Significant other:

- ☐ Spouse
- ☐ Parent
- ☐ Child
- ☐ Sibling
- ☐ Grandparent
- ☐ Guardian
- ☐ Other relation

Reason significant other and why not done primarily with subject:

DEMOGRAPHICS

City Of Birth

Country Of Birth
- ○ US
- ○ Mexico
- ○ Canada
- ○ Other

Country Of Birth (not in list)

Country Of Residence
- ○ USA
- ○ Mexico
- ○ Canada
- ○ Other

Country Of Residence (not in list)

Primary Language

Primary Language (Not in list)

RACE

- ☐ Indian
  - ☐ South/Central American Indian
  - ☐ North American Indian
- ☐ Alaskan Native/Inuit
  - ☐ Alaskan Native
  - ☐ Inuit
- ☐ Asian
  - ☐ South Asian (Indian subcontinent)
  - ☐ Far Eastern Asian
- ☐ Black
  - ☐ African American
  - ☐ African
  - ☐ Afro Caribbean

Ethnicity
- ☐ Hispanic or Latino
- ☐ Non Hispanic or Latino
- ☐ Unknown

Handedness
- ☐ Righthanded
- ☐ Lefthanded
- ☐ Both
- ☐ Unknown

Race
- ☐ Indian
- ☐ Alaska Native/Inuit
- ☐ Asian
- ☐ Black
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Mixed Race
- ☐ Race Unknown

- [ ] Native Hawaiian/Pacific Islander
  - [ ] Hawaiian
  - [ ] Pacific Islander
- [ ] White
  - [ ] North American
  - [ ] South American
  - [ ] European
  - [ ] Middle Eastern
  - [ ] White African
  - [ ] Australian
- [ ] Race Unknown

Socioeconomics

EDUCATION

Years of education completed (before the injury):

Level of Education

EMPLOYMENT

Employment Status (pre-injury):

Specify other:

- [ ] Working now
- [ ] Disabled, permanently or temporarily
- [ ] Only temporarily laid off, sick leave, or maternity leave
- [ ] Keeping house
- [ ] Looking for work, unemployed
- [ ] Student
- [ ] Retired
- [ ] Unknown
- [ ] Other, specify

Employment Level

- [ ] Working full time (35 hrs or more/week, at least minimum wage)
- [ ] Working 20-34 hrs/week, at least minimum wage
- [ ] Working less than 20 hrs/week, at least minimum wage
- [ ] Temporary/odd jobs/less than minimum wage jobs
- [ ] Special employment (sheltered workshop, supportive employment, job coach)

Job classification category: For CDE look up copy/paste this link:
http://www.eeoc.gov/employers/eeo1survey/jobclassguide.cfm

- [ ] None
- [ ] Craft worker
- [ ] Official/Manager
- [ ] Operative
- [ ] Professional
- [ ] Laborer/Helper
- [ ] Technician
- [ ] Service worker
- [ ] Sales worker
- [ ] Administrative support worker
- [ ] Police officer, firefighter, corrections officer or other safety employee
- [ ] Active duty military
- [ ] Unknown

MARITAL STATUS

Pre-injury Marital/ Partner status (choose one):

- [ ] Never married
- [ ] Married

- [ ] Domestic partnership
- [ ] Divorced
- [ ] Separated
- [ ] Widowed
- [ ] Unknown

LIVING SITUATION

Living Situation/Residence

- [ ] Independent, lives alone
- [ ] Independent, lives with others (spouse, significant other, adult children)
- [ ] Independent, lives with others (roommate, friend)
- [ ] Home of parents, guardians, relatives (irrespective of injury, not due to health)
- [ ] Home of parents, guardians, relatives, friends (due to injury/health, dependent due to health)
- [ ] Hospital acute care/medical ward other partner
- [ ] Hospital – rehab ward
- [ ] Hospital – other
- [ ] Sub-acute/SNF
- [ ] Nursing home
- [ ] Group home/adult home
- [ ] Correctional
- [ ] Hotel
- [ ] Military Barracks
- [ ] Homeless
- [ ] Unknown
- [ ] Other

Specify other:

WORK

Did you work for pay or do any unpaid work in a family farm or business, at any time in the last year (before your injury)?

- [ ] No
- [ ] Yes
- [ ] Unknown

How many months in the last year before your injury, did you have at least one job or business?

- [ ] 1 Month
- [ ] 2 Months
- [ ] 3 Months
- [ ] 4 Months
- [ ] 5 Months
- [ ] 6 Months
- [ ] 7 Months
- [ ] 8 Months
- [ ] 9 Months
- [ ] 10 Months
- [ ] 11 Months
- [ ] 12 Months
- [ ] N/A
- [ ] Unknown

Did your injury result from an accident that occurred at or because of your work?

- [ ] No
- [ ] Yes
- [ ] Refuse to answer
- [ ] Unknown

Counting all locations where your employer operates, what is the total number of persons

CURRENT STUDENT STATUS

Were you a student at the time of your injury?

- [ ] No
- [ ] Yes
- [ ] Unknown

What kind of program were you enrolled in pre-injury?

- [ ] Elementary school
- [ ] Middle school/junior high
- [ ] High school
- [ ] 4 Year college or university
- [ ] Community college
- [ ] Post-graduate program
- [ ] GED certification
- [ ] Unknown
- [ ] Other

Please specify other program:

Prior to your injury, did you ever….

Get expelled?

- [ ] No
- [ ] Yes
- [ ] Unknown

who work for your employer in the year before your injury?
- ☐ Under 10
- ☐ 10-99
- ☐ 100-999
- ☐ 0ver 1000
- ☐ Refuse to answer
- ☐ N/A
- ☐ Unknown

In the year before your injury, how many people did you personally supervise on your main job?
- ☐ None
- ☐ Under 10
- ☐ 10-99
- ☐ 100-999
- ☐ 0ver 1000
- ☐ Refuse to answer
- ☐ N/A
- ☐ Unknown

Drop out before high school graduation?
- ☐ No
- ☐ Yes
- ☐ Not applicable – have not yet attended high school
- ☐ Unknown

Get classified as a Special Education student?
- ☐ No
- ☐ Yes
- ☐ Unknown

Fail to advance to the next grade (got held back)?
- ☐ No
- ☐ Yes

MILITARY SERVICE

Active Duty ○Yes ○No
Length of service
Round to nearest year

Past Duty ○Yes ○No
Length of service
Round to nearest year
Started service at what age?

Branch of service
- ☐ Army
- ☐ Air Force
- ☐ Marine corps
- ☐ Navy
- ☐ Army Reserve
- ☐ Air Force Reserve
- ☐ Navy Reserve
- ☐ Army National Guard
- ☐ Air National Guard

Rank
- ☐ Junior enlisted (lower than NCO)
- ☐ NCO* (non-commissioned officers)
- ☐ Officer (and senior warrant officers)

* Equivalent to: ‘petty officer’, ‘underofficer’, ‘corporal’, ‘sergeant

Military occupation
- ☐ Combat
- ☐ Non-combat

Deployment
- ☐ None
- ☐ Afghanistan
- ☐ Africa
- ☐ Germany
- ☐ Iraq
- ☐ Other

Other Deployment

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Health Economics

Patient Identification Information

Insurance

Is the patient covered by any of the following types of health insurance?

- ☐ Self-pay (Uninsured)
- ☐ Insurance through a current or former employer (of this person or another family member)
- ☐ Insurance purchased directly from an insurance company or on the health insurance exchange (this person or family member)
- ☐ Medicare, for people 65 and older, or people with certain disabilities
- ☐ Medicaid, Medical Assistance, “the State” or any kind of government-assistance plan for those with low incomes or a disability
- ☐ Medicaid Pending
- ☐ TRICARE, VA or other military health care
- ☐ Any other type of health insurance or health coverage plan
- ☐ Unknown

Income and Assets

The next questions are about things like your income, wealth, and where you live. We are asking these questions to better understand how income and wealth may help or hinder being able to receive health care services. We understand that these are sensitive questions, and like the rest of the survey, your answers to these questions will be kept confidential. You are also free not to answer any question you find objectionable.

A household includes all the persons who occupy a house, an apartment, a mobile home, a group of rooms, or a single room. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. How many people live in your household before your injury?
Enter number of people; 88=unknown

During the year before your injury, how much money did you receive from wages or salary, tips, commissions, or bonuses, or your own business or practice, before taxes and other deductions?

- ☐ None
- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 to $199,999
- ☐ $200,000 or more
- ☐ Refused
- ☐ Unknown

I would like to now ask you some questions about your total household income. Income can come from a number of sources: jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income. What was your total household income in the year before your injury (before taxes and other deductions)?

- ☐ None
- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999

	☐ $100,000 to $149,999 ☐ $150,000 to $199,999 ☐ $200,000 or more ☐ Refused ☐ Unknown
Before your injury, did you own your home or apartment, pay rent, stay with family or friends, or something else?	☐ Own ☐ Pay rent ☐ Staying with family or friends ☐ Homeless ☐ Unknown ☐ Other Specify Other:
What is the total value of that property in U.S. dollars?	☐ Less than $50,000 ☐ $50,000 to $99,999 ☐ $100,000 to $149,999 ☐ $150,000 to $199,999 ☐ $200,000 to $299,999 ☐ $300,000 to $499,999 ☐ $500,000 to $999,999 ☐ $1,000,000 or more ☐ Refused ☐ Not applicable, not a homeowner ☐ Unknown
What is your household net worth? Net worth is the value of what every member of your household owns (such as cars, real estate, savings, retirement accounts) minus what every member of your household owes. Do not include the value of life insurance, home furnishings or jewelry.	☐ Negative or zero ☐ $1 to $4,999 ☐ $5,000 to $9,999 ☐ $10,000 to $24,999 ☐ $25,000 to $49,999 ☐ $50,000 to $99,999 ☐ $100,000 to $249,999 ☐ $250,000 to $499,999 ☐ $500,000 and over ☐ Refused ☐ Unknown

Medical History

Patient Identification Information

Pre-injury, have you ever received any outpatient help (counseling, psychotherapy) from a psychiatrist, psychologist, social worker, or counselor for problems such as depression, anxiety, anger management, or any other difficulties?

- No
- Yes
- Unknown

Have you ever been hospitalized for emotional or psychiatric problems before your injury?

- No
- Yes
- Unknown

Before your injury, did you ever take any psychiatric medications regularly? These are medicines for mood or anxiety or mental health problems

- No
- Yes
- Unknown

Have you ever had a brain or neurological illnesses before the injury (e.g. epilepsy, tumor, stroke)?

- No
- Yes
- Unknown

PSYCHIATRIC
- Anxiety
- Depression
- Sleep disorders
- Bipolar disorder
- Schizophrenia
- PTS
- Other

Other

CARDIOVASCULAR
- Congenital heart disease
- Arrhythmia
- Ischemic heart disease
- Valvular heart disease
- Hypertension
- Thromboembolic
- Other

Other

ENDOCRINE
- Hyperlipidemia
- Thyroid disorder
- Diabetes Type I
- Diabetes Type II
- Benign Prostatic Hyperplasia
- Hysterectomy
- Other

Other

SPINAL
- Spinal cord injury
- Spinal Disease
- Other

Other

NEUROLOGIC
- Transient Ischemic Attacks
- Seizures
- Epilepsy
- Headache-Non Migraine
- Headache-Migraines
- Cerebrovascular Accident
- Vascular Abnormality
- MS
- Degeneration
- Encephalopathy
- Brain Tumor
- Nerve Sheath Tumor
- Other

Other

ONCOLOGIC
- Leukemia
- Lymphoma
- Myeloma
- Breast
- Oropharyngeal
- Bone
- Thyroid
- Prostate
- Lung
- GI
- Liver

☐ **EYE, EAR, NOSE & THROAT**
☐ Reduced/Lack of Olfaction
☐ Tinnitus
☐ Sinusitis
☐ Vision abnormality
☐ Hearing deficit
☐ Throat
☐ Other
Other

☐ **GASTROINTESTINAL**
☐ GERD
☐ GI Bleed
☐ Inflammatory bowel disease
☐ Diarrhea
☐ GI Surgeries
☐ Appendicitis
☐ Other
Other

☐ **HEMATOLOGIC**
☐ Anemia
☐ HIV positive
☐ Coagulopathy
☐ Other
Other

☐ **HEPATIC**
☐ Insufficiency
☐ Hepatitis
☐ Cirrhosis
☐ Transplant
☐ Other
Other

☐ **MUSCULOSKELETAL**
☐ Arthritis
☐ Osteoporosis
☐ Fibromyalgia
☐ Hernia
☐ Previous Fractures Surgeries
☐ Low Back Pain
☐ Degenerative Joint Disease
☐ Other
Other

☐ Pancreas
☐ Kidney
☐ Gonad
☐ Skin
☐ Other
Other

☐ **PULMONARY**
☐ COPD
☐ Asthma
☐ Pneumonia
☐ Pleural Effusion
☐ TB
☐ Emphysema
☐ Bronchitis
☐ Respiratory Failure
☐ Sleep Apnea
☐ Pulmonary Insufficiency
☐ Other
Other

☐ **RENAL**
☐ Renal Insufficiency
☐ Chronic UTI's
☐ Kidney Stones
☐ Kidney Infection
☐ Kidney Transplant
☐ Other
Other

☐ **DEVELOPMENTAL**
☐ Learning Disability
☐ ADHD
☐ ADD
☐ Developmental Delay
☐ Dyslexia
☐ Other
Other

Prior Medications
Total Daily Dose will be automatically calculated as Dose multiplied by Frequency.
(No value will be calculated for Every other day, PNR and Unknown frequencies)

If only Daily dose is known, enter it into Dose and use Frequency=1x per day. Make a note in Comment box.

If the medication you need to add is not shown on the list please email support@tracktbi.freshdesk.com

Medication Name	Dose	Frequency	Total Daily Dose	Unit of measure	Comments
		☐ 1x per day ☐ 2x per day ☐ 3x per day ☐ 4x per day ☐ 6x per day ☐ Every other day ☐ Every 3 months ☐ PRN ☐ Unknown			
		☐ 1x per day ☐ 2x per day ☐ 3x per day ☐ 4x per day ☐ 6x per day ☐ Every other day ☐ Every 3 months ☐ PRN ☐ Unknown			
		☐ 1x per day ☐ 2x per day ☐ 3x per day ☐ 4x per day ☐ 6x per day ☐ Every other day ☐ Every 3 months ☐ PRN ☐ Unknown			
		☐ 1x per day ☐ 2x per day ☐ 3x per day ☐ 4x per day ☐ 6x per day ☐ Every other day ☐ Every 3 months ☐ PRN ☐ Unknown			
		☐ 1x per day ☐ 2x per day ☐ 3x per day ☐ 4x per day ☐ 6x per day ☐ Every other day ☐ Every 3 months ☐ PRN ☐ Unknown			

Anticoagulants

Anticoagulants
○ Yes
○ No
○ Unknown

Platelet aggregation inhibitors

Platelet aggregation inhibitors
○ Yes
○ No
○ Unknown

- ☐ Coumarin derivative (Coumadin, Warfarin)
- ☐ Heparin
- ☐ Low-molecular weight heparin
- ☐ Inhibitor of factor Xa (eg. Rivaroxaban)
- ☐ Direct thrombin inhibitor (eg. dabigatran, argatroban, melagatran)
- ☐ Antithrombin protein therapeutics (Atryn)

- ☐ Aspirin
- ☐ ADP receptor inhibitors:
  - ☐ Clopidogrel (Plavix)
  - ☐ Ticlopidine (Ticlid)
  - ☐ Parasugrel (Effient)
  - ☐ Other
- ☐ Adenosine re-uptake inhibitor (eg. Persantin, Dipyridamole)
- ☐ Glycoprotein IIB/IIIA inhibitors (eg. Aggrastat)

AUDIT-C Baseline

Patient Identification Information

Date of test

1. How often do you have a drink containing alcohol?
- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when you are drinking?
- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?
- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

AUDIT-C Total Score

Do you currently use tobacco?
- No
- Yes
- Unknown

Type of tobacco:
(If yes, check all that apply)
- Filtered cigarettes
- Non-filtered cigarettes
- Low tar cigarettes
- Cigars
- Pipes
- Chewing tobacco
- E-cigarettes
- Other

Other, please specify:

Have you used tobacco in the past 12 months?
- No
- Yes
- Unknown

Type of tobacco:
(If yes, check all that apply)
- Filtered cigarettes

- [ ] Non-filtered cigarettes
- [ ] Low tar cigarettes
- [ ] Cigars
- [ ] Pipes
- [ ] Chewing tobacco
- [ ] E-cigarettes
- [ ] Other

Other, please specify:

During the last 12 months, did you use any illicit or non-prescription drugs? 'We are wanting to know about drugs like marijuana, crack or heroin; synthetic drugs like fake marijuana and bath salts, prescription drugs like pain killers or stimulants that were not prescribed to you, or chemicals you might have inhaled or 'huffed'. We also want to know if sometimes you took more than you should have of any drugs that have been prescribed to you.'

- [ ] No
- [ ] Yes
- [ ] Unknown

Ask everyone regardless of the answer above: Did you use Marijuana? (If the answer is ‘YES' then ask, ’Was Marijuana prescribed to you?')

- [ ] No
- [ ] 2-Yes (Used Marijuana that was prescribed)
- [ ] 3-Yes (used Marijuana that was NOT prescribed) (Note, if both 2 & 3 code = 3)
- [ ] Unknown

Category of illegal drugs, prescription, or over-the-counter drugs used for purposes other than those for which they are meant to be used, or in large amounts - as described above (choose all that apply)

- [ ] a. Sedatives
- [ ] b. Tranquilizers or anti-anxiety drugs
- [ ] c. Painkillers
- [ ] d. Stimulants
- [ ] e. Marijuana, hash, THC, or grass
- [ ] f. Cocaine or crack
- [ ] g. Hallucinogens
- [ ] h. Inhalants or solvents
- [ ] i. Heroin
- [ ] j. Synthetic drugs like “fake marijuana” and “bath salts” (street names keep changing but “fake marijuana” and “bath salts” have persisted in the vernacular)
- [ ] k. Any other substances or medicines you have used to get high

Specify Other Drug

Have you ever been in trouble at school, work, or with relationships because of drug use?

- [ ] No
- [ ] Yes
- [ ] Not applicable (have not used any drugs including Marijuana)
- [ ] Unknown

TBI Screening

Patient Identification Information

I would like to ask you about injuries to your head or neck that you may have had at anytime in your life. Interviewer instruction: Record cause and any details provided spontaneously in the box at the bottom of the page. DO NOT query further about LOC or other details at this stage.

1. 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.
Yes No

2. Have you ever injured your head or neck in a car accident or from some other moving vehicle accident, e.g., car, truck, bicycle, van, all terrain vehicle?
Yes No

3. Have you ever injured your head or neck in a fall or from being hit by something? For example slipping on ice, a wet floor, the street, etc, or while walking. Falling from a curb, stairs, stair, roof, etc. Falling on a hard floor, ice, rocks, etc.
Yes No

4. Have you ever injured your head or neck in sports, e.g., football, soccer, skiing, blading, boarding, basketball, baseball, biking, horse back riding.
Yes No

5. Have you ever injured your head or neck in a fight, assault, from being hit by someone or being shaken violently?
Yes No

6. Have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat-related incidents.
Yes No

7. **If all above are "no" then proceed to question 8.** If answered "yes" to any of the questions above, record the cause of the injury and ask the following for each injury: How old were you? Were you treated in the ED or admitted to the hospital? 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?

Cause	Age	Disposition	LOC	LOC Duration	Dazed/Memory Gap
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown

Blast Other					
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown
Car/Moving vehicle accident Fall/Struck By Sport injury Fight/Assault Blast Other		No Hospital ED Hospital Admit	No Yes Unknown	<30 Min 30 Min-24 Hrs > 24 Hrs	No Yes Unknown

If more injuries with LOC:	If more than 10, how many more?	Longest period of unconsciousness?	How many ≥ 30 mins.?	Youngest age?
		☐ <30 Min ☐ 30 Min-24 Hrs ☐ > 24 Hrs		

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

Number of times from a drug overdose

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14
☐ 15
☐ 20
☐ 25
☐ 30
☐ 35

Number of times from being choked

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14
☐ 15
☐ 20
☐ 25
☐ 30
☐ 35

 # TBI-LOC

 # TBI-LOC ≥ 30 minutes

Age at first TBI-LOC

TBI-LOC before age 15?

☐ Yes
☐ No

Worst Injury

	☐ Improbable TBI ☐ Possible mild TBI (no LOC) ☐ Mild TBI (with LOC) ☐ Moderate TBI ☐ Severe TBI
# anoxic injuries	