Case Report Forms

Baseline Demographics and Emergency Department Variables TBI Patients
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<th>Page</th>
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<td>----</td>
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<td>†</td>
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<td>†</td>
<td></td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>Month Year</th>
<th>Screener Initials</th>
<th>Age (0-100)</th>
<th>Sex</th>
<th>Documented/verified TBI (ACRM Criteria)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MVO=MV Occupant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MVP=MV Ped/Cyclist</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>F= Fall</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ONI=Other non-intentional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>V/A=Violence/Assault</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>O=Other</td>
</tr>
</tbody>
</table>

**INCLUSION**

Injury occurred < 24 hours ago

- [ ] Yes
- [x] No

Acute brain CT for clinical care

- [ ] Yes
- [x] No

Visual acuity/hearing adequate for testing

- [ ] Yes
- [x] No

Fluency in English or Spanish

- [ ] Yes
- [x] No

Ability to provide informed consent

- [ ] Yes
- [x] No

**EXCLUSION**

Significant polytrauma that would interfere with follow-up and outcome assessment

- [ ] Yes
- [x] No

Prisoners or patients in custody

- [ ] Yes
- [x] No

Pregnancy in female subjects

- [ ] Yes
- [x] No

Patients on psychiatric hold (e.g. 5150, 5250)

- [ ] Yes
- [x] 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
- [x] No

Major debilitating neurological disease (e.g. stroke, CVA, dementia, tumor) impairing baseline awareness, cognition, or validity of follow-up and outcome assessment

- [ ] Yes
- [x] 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
- [x] No

Contraindications to MRI (for CA+MRI cohort)
### Screening Log

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current participant in an interventional trial (e.g. drug, device, behavioral)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Number (only for enrolled patients)**

**Patient was approached to consent and declined to participate**

**Describe Reason:**

---

https://www.studydata.net/qgen/YFormPrint.php?FormName=ScreeningLog
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
- Older than 89
(please enter)

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
- Date Time of later consent by later
- Yes
- No

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)

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

<table>
<thead>
<tr>
<th>Patient Identification Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MRN</th>
<th>Form Completion Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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

<table>
<thead>
<tr>
<th>Test Completion Code</th>
<th>Speech</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
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<table>
<thead>
<tr>
<th>Speech Completion Code Other</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Confounding Issues</th>
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</thead>
</table>

### Speech Intelligibility administered

<table>
<thead>
<tr>
<th>Speech Intelligibility administered</th>
<th>Test Completion Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Speech</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Speech Completion Code Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Confounding Issues</th>
</tr>
</thead>
</table>

### Type of GOAT administered

<table>
<thead>
<tr>
<th>Type of GOAT administered</th>
<th>Test Completion Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard GOAT</td>
<td>GOAT</td>
</tr>
<tr>
<td>Written GOAT</td>
<td>GOAT</td>
</tr>
<tr>
<td>Modified GOAT</td>
<td>GOAT</td>
</tr>
<tr>
<td>Not administered</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Test Completion Code Other</th>
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<table>
<thead>
<tr>
<th>Confounding Issues</th>
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</table>

### Test Completion Codes

<table>
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<th>GOAT</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAT Completion Code Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Confounding Issues</th>
</tr>
</thead>
</table>

### Speech Intelligibility

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Time Spent</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Time Spent</th>
</tr>
</thead>
</table>

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:
   (a) City
   - No Error
   - Error (-5)
   (b) Building
   - No Error
   - Error (-5)

5. On what date were you admitted to the hospital?

- No Error
- Error (-5)

6. How did you get here?

- No Error
- Error (-5)

7. What is the first event you can remember after the injury?

- No Error
- Error (-5)

8. Can you give some detail?

- No Error
- Error (-5)

9. What is the last event you can recall before the injury?

- No Error
- Error (-5)

10. 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)

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

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

Total Error: 88
Total Actual Score = (88 - total error) = 88 - ____ = 100
Calculates on Save

Written GOAT

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Time Spent</th>
</tr>
</thead>
</table>

| 1. What is your name? |
| No Error |
| Error (-2) |
| Error (-4) |
| Error (-4) |

| 2. Where are you now? (a) City |
| No Error |
| Error (-5) |
| Error (-5) |

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

| 9. What is the month? |
| No Error |
| One month error (-5) |
| Two month error (-10) |

| 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 - ____ = 100
Calculates on Save

Modified GOAT

https://www.studydata.net/qgen/YFormPrint.php?FormName=SpeechGOATBaseline
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**

<table>
<thead>
<tr>
<th>(mm/dd/yyyy hh:mm)</th>
<th>Reliability of Date Time of Injury</th>
<th>Hypotension in field?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Verified</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Estimated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

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

## Study Hospital

**Date & Time of arrival to Study Hospital**

<table>
<thead>
<tr>
<th>Time Since Injury (Arrival Study Hospital)</th>
</tr>
</thead>
</table>

- **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**

- **Prehospital GCS Unknown**

## First Hospital

**Date & Time of arrival to First Hospital**

<table>
<thead>
<tr>
<th>Time Since Injury (Arrival First Hospital)</th>
</tr>
</thead>
</table>

- **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**

## BEST PRE-HOSPITAL GCS

**If only one GCS, record under BEST**

<table>
<thead>
<tr>
<th>Date &amp; Time of GCS</th>
<th>Time Since Injury</th>
</tr>
</thead>
</table>

- **Best GCS component scores unavailable**

- **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**

- **GCS Manual Score**

- **GCS Total**
<table>
<thead>
<tr>
<th>WORST PRE-HOSPITAL GCS</th>
<th>GCS Manual Score</th>
<th>GCS Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time of GCS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Since Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst GCS component scores unavailable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Opening</td>
<td>Best Verbal Response</td>
<td>Best Motor Response</td>
</tr>
<tr>
<td>1-No Response</td>
<td>1-No Response</td>
<td>1-No Response</td>
</tr>
<tr>
<td>2-To Pain</td>
<td>2-Incomprehensible Sounds</td>
<td>2-Extension</td>
</tr>
<tr>
<td>3-To Verbal Command</td>
<td>3-Inappropriate Words</td>
<td>3-Flexion Abnormal</td>
</tr>
<tr>
<td>4-Spontaneously</td>
<td>4-Disoriented &amp; Converses</td>
<td>4-Flexion Withdrawal</td>
</tr>
<tr>
<td>S-Untestable (Swollen)</td>
<td>5-Oriented &amp; Converses</td>
<td>5-Localizes to Pain</td>
</tr>
<tr>
<td></td>
<td>T-Untestable (Tracheotomy)</td>
<td>6-Obeys Commands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P-Untestable (Paralyzed)</td>
</tr>
</tbody>
</table>
## Emergency Department

### Patient Identification Information

- [ ] intubated in ED
  - **Yes**
  - **No**

### ED Arrival:

<table>
<thead>
<tr>
<th>SBP</th>
<th>DBP</th>
<th>HR</th>
<th>RR</th>
<th>Ventilation:</th>
<th>Temp, °C</th>
<th>SpO2</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Assisted</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Spontaneous</td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>SBP</th>
<th>DBP</th>
<th>HR</th>
<th>RR</th>
<th>Ventilation:</th>
<th>Temp, °C</th>
<th>SpO2</th>
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</thead>
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<td></td>
<td></td>
<td></td>
<td>Assisted</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Spontaneous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GCS & PUPILS

#### GCS ARRIVAL

<table>
<thead>
<tr>
<th>Date &amp; Time of GCS</th>
<th>Eyes</th>
<th>Verbal</th>
<th>Motor</th>
<th>Total</th>
<th>GCS Manual Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Since Injury</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Time of Assessment:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ED Admission</td>
<td></td>
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<tr>
<td>Post-Stabilization</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Assessment Conditions</td>
<td>Sedated</td>
<td>Paralyzed</td>
<td>Other</td>
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</tbody>
</table>

#### PUPILS ARRIVAL

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<th>RIGHT</th>
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<table>
<thead>
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<tbody>
<tr>
<td>Round</td>
<td></td>
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<tr>
<td>Oval</td>
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<table>
<thead>
<tr>
<th>Reactivity</th>
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<th>RIGHT</th>
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<tbody>
<tr>
<td>Brisk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sluggish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonreactive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GCS Component Scores

- unavailable
- 1-No Response
- 2-To Pain
- 3-To Verbal Command
- 4-Spontaneously
- 5-Untestable (Swollen)
- 6-Untestable (Artificial Airway)
- 7-No Response
- 8-Incomprehensible Sounds
- 9-Inappropriate Words
- 10-Disoriented & Converses
- 11-Oriented & Converses

### 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
### ED DISCHARGE

<table>
<thead>
<tr>
<th>Date &amp; Time of GCS</th>
<th>Time Since Injury</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Assessment Conditions</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Sedated</td>
<td>Paralyzed</td>
</tr>
<tr>
<td>No Sedation or Paralysis</td>
<td>Other</td>
</tr>
</tbody>
</table>

Specify Other Assmt Condition

---

### GCS DISCHARGE

**GCS component scores**

- unavailable
- 1-None
- 2-To painful stimulation
- 3-To verbal stimulation or touch
- 4-Spontaneous
- 1-No Response
- 2-Incomprehensible Sounds
  - 3-Inappropriate Words
  - 4-Disoriented & Converses
  - 5-Oriented & Converses
  - T-Untestable (Artificial Airway)
- 1-No Response
- 2-Extension
- 3-Flexion Abnormal
- 4-Flexion Withdrawal
- 5-Localizes to Pain
- 6-Obeyes Commands
- P-Untestable (Paralyzed)

**Motor**

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

**Total GCS Manual Score**

---

### PUPILS DISCHARGE

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<thead>
<tr>
<th>Size (mm)</th>
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<th>RIGHT</th>
<th>Untestable</th>
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<tr>
<td></td>
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<td>Round</td>
<td>10</td>
<td>Round</td>
</tr>
</tbody>
</table>

**Shape**

- Round
- Oval
- Unknown

**Reactivity**

- Brisk
- Sluggish
- Nonreactive
- Untestable

---

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

---

### Labs

<table>
<thead>
<tr>
<th>Not Done</th>
<th>Results</th>
<th>Value in SI Units</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>White blood cell X10^9/L or X10^9/μL</td>
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### Toxic Drug Screen

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<tr>
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<th>Type of sample</th>
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<tr>
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### Hematology

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<td>Hemoglobin</td>
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<td>g/dL</td>
</tr>
<tr>
<td>Hematocrit</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Platelet</td>
<td></td>
<td>$10^9$/L or $10^3$/μL</td>
</tr>
<tr>
<td>Osmolarity</td>
<td></td>
<td>mOsm/kg</td>
</tr>
<tr>
<td>INR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT</td>
<td></td>
<td>Seconds</td>
</tr>
<tr>
<td>aPTT</td>
<td></td>
<td>Seconds</td>
</tr>
<tr>
<td>Sodium</td>
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<td>mmol/L or mEq/L</td>
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<tr>
<td>Potassium</td>
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<td>CO₂</td>
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<td>Glucose</td>
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<td>BUN</td>
<td></td>
<td>mg/dL or mmol/L (of Urea)</td>
</tr>
<tr>
<td>Lactate</td>
<td></td>
<td>mg/dL or mmol/L</td>
</tr>
</tbody>
</table>

### Blood Alcohol

- **Blood Alcohol Done**: Yes
- **Blood Alcohol Level**: mg/100ml blood

### Pregnancy Test

- **Pregnancy Test Done**: Yes
- **Type of sample**: Serum
- **Result**: Positive

### Coagulopathy

- **Correction of coagulopathy**: Yes
- **Platelets (thrombocytes)**: Yes
- **Fresh frozen plasma**: Yes
- **Recombinant factor 7**: Yes
- **Other Coagulation factors, specify**: Yes
- **Vitamin K**: Yes

### Complicating Events

- **Aspiration**: Yes
- **Cardiopulmonary arrest**: Yes
- **Seizures in ED**: Yes
- **Hypotension (SBP < 90 mmHg)**: Yes
- **Hypoxia (SpO₂ < 90%)**: Yes

### Disposition from the ED

- **Destination from ED**: Hospital admission--Operating room
- **Date & Time ED Discharge**: (ED discharge)
- **Time Since Injury**: (ED discharge)
- **How long was the patient in the Observation Unit (hrs)?**: (hrs)

### IV fluids

- **None**
- **Crystalloids**
- **Hypertonic saline**
- **Blood**
- **Albumin**
- **Vasopressors**
- **Mannitol**

### First ABG

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<thead>
<tr>
<th>Parameter</th>
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<td>mmHg</td>
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<td>pCO₂</td>
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<tr>
<td>pO₂</td>
<td></td>
<td>mmHg</td>
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<td>HCO₃</td>
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<td>BE</td>
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<tr>
<td>BD</td>
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<td>mmol/L or mEq/L</td>
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<tr>
<td>FiO₂</td>
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<td>Unknown</td>
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</tbody>
</table>

### Conditions:

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

### Other Coagulation factors, specify:

- Yes

### Disposition from Observation Unit

- **Destination from Observation Unit**: Discharge home
- **Place Of Death**: ED
<table>
<thead>
<tr>
<th>Observation Unit</th>
<th>OR</th>
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<tbody>
<tr>
<td>Death Cause</td>
<td>Death Cause Reliability</td>
</tr>
<tr>
<td>Head injury/initial injury</td>
<td>Verified</td>
</tr>
<tr>
<td>Head injury/secondary intracranial damage</td>
<td>Estimated</td>
</tr>
<tr>
<td>Systemic trauma</td>
<td>Unknown</td>
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<tr>
<td>Medical complications</td>
<td>Other</td>
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<tr>
<td>Unknown</td>
<td>Other</td>
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<tr>
<td>Death Cause Other</td>
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<tr>
<td>Death Date Time</td>
<td>Death Date Time Reliability</td>
</tr>
<tr>
<td>Verified</td>
<td>Estimated</td>
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</table>
### Cause of Injury

<table>
<thead>
<tr>
<th>Patient Identification Information</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>Place of Injury</th>
<th>Cause of Injury</th>
<th>Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>Street/highway</td>
<td>Road traffic incident</td>
<td>Intentional</td>
</tr>
<tr>
<td>Blast</td>
<td>Home</td>
<td>Incidental fall</td>
<td>Unintentional</td>
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<tr>
<td>Crush</td>
<td>Work/school</td>
<td>Other non-intentional injury</td>
<td>Undetermined</td>
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<td>Recreational</td>
<td>Violence/assault</td>
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<tr>
<td></td>
<td>Military deployment</td>
<td>Act of mass violence</td>
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<tr>
<td></td>
<td>Other Place</td>
<td>Other cause</td>
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<table>
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<tr>
<th>Mechanism of Injury</th>
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<tbody>
<tr>
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<tr>
<td>Acceleration/Deceleration</td>
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<tr>
<td>Direct impact: blow to head</td>
<td></td>
</tr>
<tr>
<td>Direct impact: head against object</td>
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<tr>
<td>Crush</td>
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<tr>
<td>Blast</td>
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<tr>
<td>Ground level fall</td>
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<tr>
<td>Fall from height &gt; 1 meter (3 ft)</td>
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<tr>
<td>Gunshot</td>
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<td>Fragment (incl. shell/shrapnel)</td>
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<tr>
<td>Other Mechanism</td>
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<table>
<thead>
<tr>
<th>If Road Traffic Accident</th>
<th>If Violence</th>
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<td>Victim:</td>
<td>Type:</td>
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<tr>
<td>Motor vehicle occupant</td>
<td>Robbery</td>
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<tr>
<td>Pedestrian</td>
<td>Interpersonal violence (fight)</td>
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<tr>
<td>Cyclist</td>
<td>Domestic assault</td>
</tr>
<tr>
<td>Moped/Scooter</td>
<td>Child abuse</td>
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<tr>
<td>Motor Bike</td>
<td>Gang violence</td>
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<tr>
<td>Other</td>
<td>Military deployment</td>
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<td>Other</td>
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<td>Specify Other Victim:</td>
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<td>Pedestrian</td>
<td>Suspect</td>
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<td>Moped/Scooter</td>
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<td>Train/Metro</td>
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<tr>
<td>Specify Other Party:</td>
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<tr>
<td>Specify Other Violence:</td>
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<table>
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<tr>
<th>Victim Alcohol:</th>
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### Safety

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<tr>
<th>Airbag Deployed:</th>
<th>Seatbelt Used:</th>
<th>Helmet Used:</th>
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<td>☐ Yes</td>
<td>☐ Yes</td>
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<tr>
<td>☐ Unknown</td>
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</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th></th>
<th>Reported By</th>
<th>Duration</th>
<th>LOC Lucid Interval</th>
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<tbody>
<tr>
<td>No</td>
<td>- Patient</td>
<td>None</td>
<td>- No</td>
</tr>
<tr>
<td>Yes</td>
<td>- Witness</td>
<td>- Less than 1 minute</td>
<td>- Yes</td>
</tr>
<tr>
<td>Suspected</td>
<td>- Clinical interview</td>
<td>- 1-29 minutes</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>- Medical chart</td>
<td>- 30-59 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Not available</td>
<td>- 1-24 hours</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- &gt;24 hours</td>
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<tr>
<td></td>
<td></td>
<td>- &gt;7 days</td>
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<tr>
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#### PTA (Post Traumatic Amnesia)

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</tr>
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<tr>
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<td>- Patient</td>
<td>None</td>
<td>- No</td>
</tr>
<tr>
<td>Yes</td>
<td>- Witness</td>
<td>- Less than 1 minute</td>
<td>- Yes</td>
</tr>
<tr>
<td>Suspected</td>
<td>- Clinical interview</td>
<td>- 1-29 minutes</td>
<td>- No</td>
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<td>Unknown</td>
<td>- Medical chart</td>
<td>- 30-59 minutes</td>
<td>- Yes</td>
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<tr>
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<td>- Not available</td>
<td>- 1-24 hours</td>
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<td>- &gt;24 hours</td>
<td>- Yes</td>
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<td>- &gt;7 days</td>
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#### AOC (Alteration Of Consciousness)

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<td>None</td>
<td>- No</td>
</tr>
<tr>
<td>Yes</td>
<td>- Witness</td>
<td>- Less than 1 minute</td>
<td>- Yes</td>
</tr>
<tr>
<td>Suspected</td>
<td>- Clinical interview</td>
<td>- 1-29 minutes</td>
<td>- No</td>
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<td>- Medical chart</td>
<td>- 30-59 minutes</td>
<td>- Yes</td>
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<td>- Not available</td>
<td>- 1-24 hours</td>
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<td>- &gt;24 hours</td>
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<td>- &gt;7 days</td>
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<td></td>
<td></td>
<td>- Unknown</td>
<td>- Yes</td>
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</tbody>
</table>
### 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):
- 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

Specify other:

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

**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
- Over 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
- Over 1000
- Refuse to answer
- N/A
- Unknown

---

**MILITARY SERVICE**

- **Active Duty**
  - Yes
  - No
  - Length of service
  - Round to nearest year

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

---

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

---

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
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?

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)?
Before your injury, did you own your home or apartment, pay rent, stay with family or friends, or something else?

What is the total value of that property in U.S. dollars?

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.
Medical History

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

---

**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

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

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dose</th>
<th>Frequency</th>
<th>Total Daily Dose</th>
<th>Unit of measure</th>
<th>Comments</th>
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<td></td>
<td>1x per day</td>
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<td>2x per day</td>
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<td>3x per day</td>
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<td>4x per day</td>
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<td>6x per day</td>
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<td>Every other day</td>
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<td>Every 3 months</td>
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<td>PRN</td>
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<td></td>
<td></td>
<td>Unknown</td>
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<td></td>
</tr>
</tbody>
</table>

**Anticoagulants**

- Yes
- No
- Unknown

**Platelet aggregation inhibitors**

- Yes
- No
- Unknown
| Coumarin derivative (Coumadin, Warfarin) | Aspirin |
| Heparin | ADP receptor inhibitors: |
| Low-molecular weight heparin |  |
| Inhibitor of factor Xa (eg. Rivaroxaban) |  |
| Direct thrombin inhibitor (eg. dabigatran, argatroban, melagatran) |  |
| Antithrombin protein therapeutics (Atryn) |  |
|  | 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

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

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?

<table>
<thead>
<tr>
<th>Cause</th>
<th>Age</th>
<th>Disposition</th>
<th>LOC</th>
<th>LOC Duration</th>
<th>Dazed/Memory Gap</th>
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<td>No Hospital</td>
<td>No</td>
<td>&lt;30 Min</td>
<td>No</td>
</tr>
<tr>
<td>Fall/Struck By</td>
<td></td>
<td>ED</td>
<td>Yes</td>
<td>30 Min-24 Hrs</td>
<td>Yes</td>
</tr>
<tr>
<td>Sport injury</td>
<td></td>
<td>Hospital</td>
<td>Unknown</td>
<td>&gt; 24 Hrs</td>
<td>Unknown</td>
</tr>
<tr>
<td>Fight Assault</td>
<td></td>
<td>Admit</td>
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<td>Hospital Admit</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Blast</td>
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<tr>
<td>Other</td>
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If more injuries with LOC: If more than 10, how many more?
- <30 Min
- 30 Min-24 Hrs
- > 24 Hrs

Longest period of unconsciousness? How many ≥ 30 mins.?

Youngest age?

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
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<th># anoxic injuries</th>
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- Improbable TBI
- Possible mild TBI (no LOC)
- Mild TBI (with LOC)
- Moderate TBI
- Severe TBI

- [ ] Improbable TBI
- [ ] Possible mild TBI (no LOC)
- [ ] Mild TBI (with LOC)
- [ ] Moderate TBI
- [ ] Severe TBI