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Name: _____ **DOB:** _____ **Age:** _____ **Date:** _____

Head Injury/Brain Injury/TBI ~ Questionnaire and Checklist

This checklist is designed to assist us in understanding if you or a member of your family has suffered from any form/type of head injury or brain injury from mild to severe. Under each heading, please check each item that applies and answer each question when relevant.

Causes of Head Injury/Brain Injury

Home

- Birth trauma: blue baby, cord around neck, forceps delivery
- Fall out of crib
- Infant rolling off a diaper changing surface onto a hard surface floor
- Dropped on head
- Fall off chair
- Falling on ice
- Fall off ladder
- Fall off roof
- Fall down stairs
- Fall out of a tree
- Fall out of a window
- Hitting head or forehead on the hard surface of a piece of furniture or counter-top

OTHER:

Sports

- Cheer Leading
- Dance
- Fall off bicycle
- Fall of horse
- Fighting/wrestling/Boxing
- Football
- Gymnastics
- Hover Board
- Ice and Roller Hockey, especially as a Goalie
- Playground injuries - accidental bang of the head on the playground equipment, etc.

- Race car driving
- Skate boarding
- Skating -slip on the ice and "crack" your head
- Sledding and hit an object
- Snow skiing and fell
- Soccer
- Surfing
- Target shooting with guns
- Wrestling
- Zip Lines

OTHER:

Work

- Compressor driven tools (jack hammer, nail guns)
- Explosives

Abuse

- Fighting (physical fighting/punching)
- Hit in head
- Punch or blow to face/head
- Slapped in head

OTHER:

Other Injuries

- Auto accident
- Head banging
- Hits self in head when angry, upset, frustrated, etc.
- Head thrashing (very popular with metal and hard rock genres)
- War injury (explosives, etc.)
- Whiplash

OTHER:

If you had a head injury, did your head injury result in having any of the following:

- Black out
- Bump on head
- Concussion
- Knot on head
- Lacerations/bleeding/stiches
- Skull fracture

OTHER:

Symptoms of Head Injury / Brain Injury

If you had a head injury, did you experience any behavioral deficits?

- Aggression
- Cognitive –related impairments
- Coping skills deficits
- Interpersonal skills problems
- Self-care skills have diminished

OTHER:

If you have experienced a head injury, since having the head injury have you experienced any of the following symptoms:

- Agitation*
- Aggression*
- Alcohol use (increased)
- Altered executive function*
- Anxiety*
- Apathy
- Ataxia (unsteadiness)
- Attentional problems*
- Balance problems*
- Blurred vision*
- Coldness
- Concentration problems*
- Confusion
- Depression*
- Dizzy (vertigo)*
- Ear infections
- Emotional lability*
- Fatigue*
- Focusing problems
- Foggy headed
- General intelligence deficits
- Headache*
- Hearing deficits
- Impulsivity*
- Impaired judgment*
- Information processing problems / slowed processing*
- Irritable/angry*

- Language problems
- Light headed
- Memory problems*
- Moody
- Motor skills deficits
- Nausea
- Obsessive thoughts
- Panic
- Poor memory
- Seizures
- Sensitivity to light/noise*
- Sinus problems*
- Sleep Problems*
- "Spacey" "spaced out"
- Substance abuse
- Walking/gait problems
- Weakness
- Weight gain
- Weight loss

Additional Questions:

- 1) History of prenatal events, like difficult/long labor, whether forceps or aspiration were used, was the cord wrapped around neck, condition at birth, etc.
- 2) As a child have you ever had sustained high temps. (like 104 or 105).
- 3) Have you ever had a "lick" to the head that knock them out or cut their scalp? Have you seen stars or had your bell rung?
- 4) Have you ever tripped (on the sidewalk or unlaced shoelaces - especially older folks) and hit your head as a result.
- 5) Have you engaged in "playfighting" or fighting or wrestling and had knocks to the head.
- 6) Have you ever had broken bones, (i.e., a patient may not report a head injury, but did break a collar bone in a fall).

7) Do you experience “Emotional Incontinence” (involuntary laughing or crying spells provoked by trivial stimuli).

8) Have you EVER been to the emergency room? If yes, can you tell me the story of that incident?

OTHER: