

NBIRR TBI Patient History

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_\_ SSAN \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**Concussion history (If you have never had a concussion, please go to the next page)**

(A concussion is any event in which you were struck on the head or exposed to a blast and were dazed, saw stars, felt confused for a while, had any amnesia, had a headache as the result of the blow, or loss of consciousness (**LOC**) for any length of time, even if momentary)

1<sup>st</sup> concussive event date \_\_\_\_\_ LOC ?  Y  N How long? (minutes) \_\_\_\_\_

How did it happen?

\_\_\_\_\_

2<sup>nd</sup> concussive event date \_\_\_\_\_ LOC ?  Y  N How long? (minutes) \_\_\_\_\_

How did it happen?

\_\_\_\_\_

3<sup>rd</sup> concussive event date \_\_\_\_\_ LOC ?  Y  N How long? (minutes) \_\_\_\_\_

How did it happen?

\_\_\_\_\_

4<sup>th</sup> concussive event date \_\_\_\_\_ LOC ?  Y  N How long? (minutes) \_\_\_\_\_

How did it happen?

\_\_\_\_\_

5<sup>th</sup> concussive event date \_\_\_\_\_ LOC ?  Y  N How long? (minutes) \_\_\_\_\_

How did it happen?

\_\_\_\_\_

(If you have had more concussions, please fill out an additional form.)

Do you have PTSD?  Y  N If No, **please go to page 4.** If Yes, please answer the questions below:  
How was the PTSD diagnosis made?

Neurologist  Psychologist  Psychiatrist  Other  (please specify) \_\_\_\_\_

**Please answer the following questions which detail how you meet the DSM IV criteria for PTSD<sup>1</sup>:**

**Criterion A: stressor**

The person has been exposed to a traumatic event in which **both** of the following have been present:

1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.

Please give the date(s) and nature of the event(s) causing PTSD (use more sheets if required):

Date	Event
_____	_____
_____	_____
_____	_____

2. The person's response involved intense fear, helplessness, or horror. Please describe your response to the event(s) listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criterion B: intrusive recollection**

The traumatic event is persistently re-experienced in at least one of the following ways (**please check all that apply**):

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
- Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content
- Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

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<sup>1</sup> In 2000, the American Psychiatric Association revised the PTSD diagnostic criteria in the fourth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)(1). American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC.

- Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

**Criterion C: avoidant/numbing**

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following (**please check all that apply**):

- Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- Efforts to avoid activities, places, or people that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Restricted range of affect (e.g., unable to have loving feelings)
- Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

**Criterion D: hyper-arousal**

Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least two of the following (**please check all that apply**):

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance
- Exaggerated startle response

**Criterion E: duration**

Duration of the disturbance (symptoms in B, C, and D) is more than one month.

- Yes  No

**Criterion F: functional significance**

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- Yes  No

If **Yes**, please describe:

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**Specify if (check which applies):**

- Acute:** if duration of symptoms is less than three months
- Chronic:** if duration of symptoms is three months or more



Symptoms

Y  N Sleeping problems? How many hours per night average? \_\_\_\_\_

Y  N Headaches? How many per week? \_\_\_\_\_ Pain scale (1-10) \_\_\_\_\_

Y  N Irritability? \_\_\_\_\_

Y  N Memory problems \_\_\_\_\_

Y  N Cognitive (thinking) problems \_\_\_\_\_

Y  N Anger problems \_\_\_\_\_

Y  N Depression \_\_\_\_\_

Y  N Body aches and pains \_\_\_\_\_

How many beers / ounces of alcohol do you drink per week? \_\_\_\_\_

Do you use any street drugs (please list)?

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**Income history**

These questions give the researchers an idea of how well you are doing in the workforce and/or in education. In order to quantify how you are doing we need a history of your reported income to the IRS for the past three (3) years. You can attach your Federal income tax returns to this report. If you do not have the returns, they can be ordered from the IRS free of charge at this web site:

<https://sa1.www4.irs.gov/irfof-tra/start.do>

If you had no reportable income and did not file an IRS tax return, please indicate the years here:

Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

Are you currently employed?  Y  N

Have you been employed in the past year?  Y  N

If so, how much did you earn in the past 12 months? \_\_\_\_\_

Have you been fired, retired, lost your job, or reduced the amount of work you are doing in the last 3 years?  Y  N

If so, please explain \_\_\_\_\_

Are you enrolled in school, college, or a course of instruction?  Y  N

Where? \_\_\_\_\_

How many courses, credit hours are you taking? \_\_\_\_\_

How long have you been enrolled? \_\_\_\_\_

What is your grade point average (GPA)? \_\_\_\_\_

Can you provide a transcript of your grades for the past three years?  Y  N

If so, please attach it to this report.