



## TBIQS- BRIEF SCREENING TOOL TO IDENTIFY WARRIOR BRAIN INJURIES

1). While on active duty, did you experience any of the potential sources of head trauma listed below? Please check all that apply and designate the date(s) of occurrence(s), if possible:

- |   |             |
|---|-------------|
| <b>A</b> _____ Motor vehicle accident   | Date: _____ |
| <b>B</b> _____ Airplane or helicopter crash                                       | Date: _____ |
| <b>C</b> _____ Improvised explosive or other blast (i.e. RPG, grenade)            | Date: _____ |
| <b>D</b> _____ Bullet wound to head   | Date: _____ |
| <b>E</b> _____ Struck head in fall  | Date: _____ |
| <b>F</b> _____ Punched or struck in head  | Date: _____ |
| <b>G</b> _____ Athletic injury (for example, having your “bell rung” in football) | Date: _____ |

2). For each item you endorsed, please answer the following questions in accordance with the letter items you selected by circling yes or no and elaborating when appropriate:

[illegible]

3). Please answer the following questions about the injury/injuries described by circling yes or no and elaborating when appropriate:

[illegible]

4). Please check all that apply in regards to you your pre-service history, and designate the date(s) of occurrence(s), if possible:

**H**\_\_\_\_\_ Childhood physical abuse Date: \_\_\_\_\_

**I**\_\_\_\_\_ Substance abuse (alcohol, street drugs, or prescriptions) Date: \_\_\_\_\_

**J**\_\_\_\_\_ Motor vehicle accident with head trauma Date: \_\_\_\_\_

**K**\_\_\_\_\_ Fights resulting in head trauma Date: \_\_\_\_\_

**L**\_\_\_\_\_ Other accidents resulting in head trauma Date: \_\_\_\_\_

**M**\_\_\_\_\_ Athletic injury (for example, having your “bell rung” in football) Date: \_\_\_\_\_

5.) For each item you endorsed, please answer the following questions in accordance with the letter items you selected by circling yes or no and elaborating when appropriate:

[illegible]