

Traumatic Brain Injury Questionnaire

1. What is the highest degree of education you completed _____
2. Do you know what your IQ before the crash was? _____ What was it? _____
Have you been tested since? _____
3. Have you had headaches? _____ If so, at what time of the day? _____
Left side, right side or both? _____ Front or back? _____
What gives you relief from the headaches? _____

Does anything make the headaches worse? _____

4. Have you experienced any changes in your sleep patterns in the past year? _____
5. Have you gained or lost weight without diet changes? _____
6. Do you drink alcohol? _____ How much alcohol do you consume in a day? _____
7. Do you smoke? _____ How many a day? _____
8. Have you ever taken illicit drugs? _____ What were/are they? _____
9. Has a doctor diagnosed you as having any diseases? _____ If so, what are they?

10. Have you experienced dizzy spells? _____
11. Have you passed out? _____ No matter how briefly? _____
12. Has the way you walk changed? _____
13. Has your vision changed? _____
14. Have you accidently dropped things? _____

15. Do you have difficulty sometimes understanding what you are reading? _____
16. Do people seem to mumble when they talk to you? _____
17. Has your speech slurred during conversation? _____
18. Have you forgotten what you were saying while speaking? _____
19. Have you had difficulty remembering the names of common things? _____
20. Has your memory changed? _____
21. Do your hands ever tremble? _____
22. Do any of your muscles jump or twitch? _____
23. Has your sense of direction changed? _____
24. Have you experienced blindness in one or both of your eyes? _____
25. Can you see or hear things others cannot? _____
26. Can you smell things no one else notices? _____
27. Has your handwriting or signature changed? _____
28. Do you drink more water than you did before the crash? _____
29. Do you talk differently since the accident? _____
30. Do you now easily lose your balance, or do you feel less stable than before the crash?

31. Do you work or live around any chemicals? _____

32. Has your interest in sex changed since the crash? _____

33. Have you had a thought you could not stop-one that goes on and on? _____

34. Have you reached for something and missed it? _____

35. Have people changed their attitude toward you? _____

36. Do you often feel anxious, or worried? _____

37. Have you had difficulty moving your head? _____

38. Can you move your head as easily as you did before the crash? _____

39. Do your ears ring? Did they ring before the crash? _____

40. Have you ever had a stroke? _____

41. Have you had ischemic attack? _____

42. Any history of Alzheimer's Disease? _____

43. Has anyone in your family had neurological disease? _____

44. Has anyone in your family had epilepsy? _____

45. Have you ever consulted a psychiatrist? _____ When? _____
For what? _____