

## Modified Ohio State University TBI Identification Method

**STEP 1:** Ask questions 1-6 below. Record the cause of each reported injury and any details provided spontaneously in the chart on this page. You do not need to ask further about loss of consciousness during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, 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.

☐ NO ☐ YES—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, or ATV?

☐ NO ☐ YES—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

☐ NO ☐ YES—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, pushed into/against something, or from being shaken violently? Have you ever been shot in the head?

☐ NO ☐ YES—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or blast occurred? If you served in the military, think about any combat or training related incidents.

☐ NO ☐ YES—Record cause in chart

6. In your lifetime, have you ever experienced a loss of oxygen to your brain? For example, from being strangled/choked? Had a drug overdose where you stopped breathing, or required resuscitation? Had a near drowning?

☐ NO ☐ YES—Record cause in chart

If answers to Step 1 are "YES," go to **Step 2**. If answers are all "no," then proceed to Step 3.

**STEP 2:** If the answer is yes to any of the questions in Step 1, ask the following additional questions about EACH reported injury and add details to the chart.

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?

How old were you when this happened?

After recording responses, continue to Step 3.

STEP 1		STEP 2						
Item/ Question	Cause	Loss of Consciousness/Knocked Out				Dazed/ Memory Gap		Age
		No LOC	<30 min	30min-24 hours	>24 hours	Yes	No	

Individual Name/ID: \_\_\_\_\_ Current Age: \_\_\_\_\_ Date: \_\_\_\_\_

### STEP 3

Ask the following questions to help identify a history that may include multiple mild BIs and complete the Step 3 table

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g., history of abuse, contact sports, military duty), or multiple instances of being choked/strangled?

☐ NO ☐ YES—Record cause(s) in chart

If **YES**, what was the typical or usual effect—were you knocked out (loss of consciousness-LOC)?

If **not knocked out**, were you dazed or did you have a gap in your memory from the injury?

What was the **most severe effect** from one of the times you had an impact to the head (duration of loss of consciousness, or dazed/memory gap)?

How old were you when these repeated injuries **BEGAN?** **ENDED?**

Did you get your injuries within a six month timeframe?

If answer to Step 3 is “**YES**,” record in table.  
If answer is “no,” then proceed to Step 4.

STEP 3	Typical Effect		Most Severe Effect				Age		< 6 months
	Mem gap/ Dazed, No LOC	LOC	Mem gap/ Dazed, No LOC	LOC <30min	LOC 30 min- 24 hr	LOC >24 hr	Began	Ended	Check if yes
Cause of repeated injury									

### Gender Identity:

	Male
	Female
	Transgender female/woman
	Transgender male/man
	Non-binary, genderqueer, genderfluid
	Gender identity not listed
	Prefer not to reply

### Race/Ethnicity:

	American Indian or Alaska Native
	Asian
	Black or African American
	Hispanic or Latino
	Native Hawaiian or Pacific Islander
	White
	Multi-racial

### STEP 4

Ask the following questions to help identify a history that may include other types of brain injury (non TBI)

Have you ever been told by a doctor or other health professional that you have had in the past or currently have any of the following:

- ☐ unmanaged or untreated epilepsy or seizure
- ☐ stroke, cerebral vascular disease, or transient ischemic attack
- ☐ tumor of the brain
- ☐ swelling of the brain (edema)
- ☐ toxic effects or poisoning (e.g., carbon monoxide poisoning)
- ☐ infection like meningitis or encephalitis
- ☐ brain bleed or hemorrhage

If answers are yes, record in table  
and note effect and age.

STEP 4	Typical Effect		
Cause	Mem gap/ Dazed, No LOC	LOC	Age

**INTERPRETATIONS:** **Moderate to Severe TBI**=LOC > 30 min  
**Multiple**= 3+ TBIs causing altered/loss consciousness in <6 months

**First Injury**=Injury with LOC before age 20  
**Non-TBI (ABI):** Item 6 from Step 1 or any identified in Step 4