Traumatic Brain Injury (TBI) / Acquired Brain Injury (ABI) Self-Assessment Tool

The traumatic brain injury (TBI) self-assessment tool was created to help those who served in the military. Many service members are injured during their service and don't know that they have sustained a TBI. A TBI can have very serious, life-changing impacts. Please note that this tool is for discussion purposes only and not meant to take the place of medical advice. If you need specific medical advice, please consult your healthcare provider. This tool is not meant to formally diagnose a TBI. It is, however, intended to get you to think about your personal experiences.

Potential Exposures			
	Yes	**No**	**NA**
During your lifetime were you ever hit in the head with significant force (such as from a fall, a fight or combative training, an impact with equipment or stationary object)?			
During your lifetime were you ever exposed to a substantial blast (such as a grenade, rocket launcher, improvised-explosive-device or bomb, land mine, etc.)?			
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.			
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?			
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?			
If you answered yes to any of the above, did this occur while in your military service period?			
Did any of these occur more than once (more than one fall, more than one blast, etc.)? If ***Yes***, please explain here:			

If you answered *Yes* to ANY of the above:			
Did you lose consciousness (knocked out)? If ***YES***, for how long? If you don't know just estimate:			
If ***No,*** were you "dazed" (getting your "bell rung")			
Have you any problems remembering anything about the incident? Is your memory solid around the time of the incident?			

If you answered "YES" to any of the above, please continue to the next page

Symptoms Checklist: Have you experienced any of the following symptoms?	*Occurrence*: How often do the symptoms bother you? (Check one)			*Severity*: How bad does it get? Low= 1-2-3-4-5=High
	Never	Sometimes	Always	
-Thinking /Memory/Cognition-				
I have a hard time making decisions.				Low = 1 - 2 - 3 - 4 - 5 = High
I find it hard to concentrate				Low = 1 - 2 - 3 - 4 - 5 = High
I have trouble making good "Judgement calls"				Low = 1 - 2 - 3 - 4 - 5 = High
I have a hard time understanding others/expressing myself				Low = 1 - 2 - 3 - 4 - 5 = High
I often have problems with memory and can "lose time"				Low = 1 - 2 - 3 - 4 - 5 = High
I have trouble keeping track of time.				Low = 1 - 2 - 3 - 4 - 5 = High
My thinking often feels "slow"				Low = 1 - 2 - 3 - 4 - 5 = High
I am easily distracted				Low = 1 - 2 - 3 - 4 - 5 = High
I am forgetful				Low = 1 - 2 - 3 - 4 - 5 = High
I have difficulty "multi-tasking"				Low = 1 - 2 - 3 - 4 - 5 = High
-Physical / Sensation-				
I have/had seizures				Low = 1 - 2 - 3 - 4 - 5 = High
I have poor balance				Low = 1 - 2 - 3 - 4 - 5 = High
I am often sensitive to light				Low = 1 - 2 - 3 - 4 - 5 = High
I often feel dizzy for no reason				Low = 1 - 2 - 3 - 4 - 5 = High
I have poor coordination				Low = 1 - 2 - 3 - 4 - 5 = High
I can have trouble seeing				Low = 1 - 2 - 3 - 4 - 5 = High
I can have trouble hearing				Low = 1 - 2 - 3 - 4 - 5 = High
I have ringing in my ears that doesn't go away				Low = 1 - 2 - 3 - 4 - 5 = High
I often get headaches that seem to come out of nowhere.				Low = 1 - 2 - 3 - 4 - 5 = High
I have significant problems with my sleep				Low = 1 - 2 - 3 - 4 - 5 = High
I feel fatigued often and can't shake it				Low = 1 - 2 - 3 - 4 - 5 = High
-Emotional/Mood-				
I tend to be impulsive				Low = 1 - 2 - 3 - 4 - 5 = High
I can "snap" really easy				Low = 1 - 2 - 3 - 4 - 5 = High
I feel anxious/tense often				Low = 1 - 2 - 3 - 4 - 5 = High
I feel sad/depressed often				Low = 1 - 2 - 3 - 4 - 5 = High
I get frustrated easily and often				Low = 1 - 2 - 3 - 4 - 5 = High
I am irritated easily for reasons that shouldn't irritate me				Low = 1 - 2 - 3 - 4 - 5 = High
I often feel emotionally overwhelmed when out in public, shopping or in crowds				Low = 1 - 2 - 3 - 4 - 5 = High

I have trouble controlling my emotions				Low = 1 - 2 - 3 - 4 - 5 = High
Any of the above symptoms worsen with exertion/effort.				Low = 1 - 2 - 3 - 4 - 5 = High

If you answered "Yes" to any question on page one <u>and</u> experience any of the symptoms on the checklist, you may consider a more thorough evaluation by a trained professional.

The results for this assessment will vary from person to person depending on their individual life experiences. Your answers do not necessarily reflect a service-connected injury; however, if you believe you may have service connection related to a TBI / ABI or if you are unsure, please contact the administrator of this assessment for assistance and/or guidance.

Note: Service connection is <u>not</u> necessary to receive assistance from WDVA-Brain Injury and Recovery-TBI Program.

Would you like to be contacted by the WDVA Brain Injury and Recovery -TBI Program for questions relating to Traumatic or Acquired Brain Injury?

YES NO

Would you like to be contacted by the WDVA for questions relating to something besides TBI?

YES NO

(Optional) Name:

_____

(Optional) Contact method/information:

_____

<u>What Next?</u>

If you are interested in speaking with the WDVA Brain Injury and Recovery-TBI Program, please find the WDVA programs staff listed below. They will be happy to help answer any questions that you may have and help guide you to useful resources.

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WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

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BRAIN INJURY & RECOVERY

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