(TBI) Traumatic Brain Injury Questionnaire

Date

Patient Name

DOB

Gender  □ M  □ F

This Questionnaire assumes that you have experienced blunt trauma or direct impact trauma to the head. Answers to the following questions will help determine if you might benefit from undergoing a DTI scan. Check all that apply.

1. Have you had a positive CT scan of the head/brain at any time in the past? □ Y  □ N
   One that reported abnormal findings such as contusion, diffuse axonal injury, subarachnoid hemorrhage, subdural hematoma, epidural hematoma, or any other acute, post-traumatic abnormalities?

2. Did you experience a loss of consciousness immediately after your trauma? □ Y  □ N

3. Have you experienced any of the following since your accident/trauma?
   a. Memory loss and/or concentration problems  □ Y  □ N
   b. Depression and/or anxiety  □ Y  □ N
   c. Personality changes, bursts of anger, or other mood swings  □ Y  □ N
   d. Difficulty in planning or other abnormalities with thought processes  □ Y  □ N
   e. Speech abnormalities  □ Y  □ N
   f. Difficulty in going to sleep, staying asleep, or excessive sleep/sleepiness  □ Y  □ N

If one or more is checked Yes, you likely have Traumatic Brain Injury that would be demonstrable on DTI. Please refer to TBI Imaging Associates for DTI scanning: tbiia.com/refer or call us for more information.