



(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: tbii.com/refer or call us for more information.