



## Diffusion Tensor Imaging (DTI) for Traumatic Brain Injury (TBI) Questionnaire

Patient Name \_\_\_\_\_

Patient Phone \_\_\_\_\_

Date of Injury \_\_\_\_\_

Patient Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

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?*

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2. Did you experience a loss of consciousness immediately after your trauma?  Y  N  
*'Loss of consciousness' is a partial or complete loss of consciousness with interruption of awareness of oneself or one's surroundings.*

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

**If one or more is checked Yes, you likely have Traumatic Brain Injury that would be demonstrable on DTI. Please contact TBI Imaging Associates for a no-cost DTI screening: call us at 866-987-1998 for more information or email this form to referrals@tbii.com**