

TBI QUESTIONNAIRE

(Prior to completing this, please review the [BrainLine Questionnaire](#))

NAME: _____ DATE OF BIRTH: _____ TODAY'S DATE: _____

DATE OF RECENT INJURY: _____ DESCRIPTION OF HOW IT OCCURRED: _____

MEDICAL HISTORY (List all Prior TBIs, Medical Conditions/Previous Diagnoses): _____

NAMES OF YOUR PROVIDERS: _____

MEDICATIONS/DOSE: _____

SEVERITY RATING

- **0: No symptoms at all.** If you've never experienced any TBI symptoms.
- **1: Mild.** Noticeable but don't interfere much with daily activities.
- **2: Moderate.** Present and somewhat interfere with daily activities.
- **3: Mod. severe.** Significantly interfere with daily activities.
- **4: Severe.** Greatly interfere with daily activities and might require assistance.
- **5: Extremely severe.** Very intense and incapacitating.

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- **U: Unpredictable.** Present but fluctuate too much to give a consistent rating.

This Questionnaire content and format can help TBI survivors better understand and communicate their TBI symptoms to their healthcare providers with less stress, as well as track changes in their condition over time.

(PLEASE GIVE A COPY OF THIS COMPLETED Q TO EACH PROVIDER TO ENSURE THEY ALL HAVE THE **SAME** INFORMATION.)

[The Codes are provided for Your Provider's Convenience]

SEVERITY RATING / FREQUENCY: Daily, Weekly, Occasionally/TRIGGERS?

0: No symptoms 1: Mild. 2: Moderate. 3: Mod. severe. 4: Severe. 5: Extremely severe. U: Unpredictable.

Common TBI Symptoms ("SX")

✓ Current		Symptom	Description (Medical Codes)	Severity DOI	Severity NOW	Frequency NOW/Triggers?
	1	Amnesia	Memory loss (ICD-10: R41.3, ICF: b144)			
	2	Anxiety	Feeling of worry or fear (ICD-10: F41.9, ICF: b152)			
	3	Aphasia	Difficulty with speaking or understanding speech. (ICD-10: R47.01, ICF: b167)			
	4	Apraxia	Difficulty with motor planning. (ICD-10: R48.2, ICF: b176)			
	5	Blurred Vision	Difficulty seeing clearly. (ICD-10: H53.8, ICF: b210)			
	6	Cognitive Impairment	Difficulty with thinking, understanding, or			

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			remembering. (ICD-10: R41.9, ICF: b140)			
	7	Concentration Issues	Difficulty focusing. (ICD-10: R41.840, ICF: b140)			
	8	Confusion	Disorientation or difficulty understanding. (ICD-10: R41.0, ICF: b110)			
	9	Depression	Persistent sadness (ICD-10: F32.9, ICF: b152)			
	10	Dizziness	Feeling light-headed or unsteady. (ICD-10: R42, ICF: b240)			
	11	Emotional Instability	Rapid changes in mood or emotions. (ICD-10: F34.8, ICF: b152)			
	12	Epilepsy	Seizures or convulsions. (ICD-10: G40.9, ICF: b110)			
	13	Fatigue	Feeling very tired. (ICD-10: R53.83, ICF: b455)			
	14	Headaches	Persistent or severe head pain. (ICD-10: R51, ICF: b280)			
	15	Hearing Loss	Reduced ability to hear. (ICD-10: H91.90, ICF: b230)			
	16	Irritability	Easily annoyed or angered. (ICD-10: R45.4, ICF: b15)			
	17	Loss of Balance	Difficulty walking or maintaining balance.			

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			(ICD-10: R26.81, ICF: b235)			
	18	Nausea	Feeling of sickness in the stomach. (ICD-10: R11, ICF: b535)			
	19	Neck Pain	Pain or discomfort in the neck area (ICD-10: M54.2, ICF: b280)			
	20	Personality Changes	- Altered behavior or mood. (ICD-10: F07.0, ICF: b126)			
	21	Sensitivity to Light	Discomfort or pain in bright light. (ICD-10: H53.1, ICF: b210)			
	22	Sensitivity to Noise	Discomfort or pain in loud environments. (ICD-10: H93.299, ICF: b230)			
	23	Sleep Disturbances	Difficulty sleeping or sleeping too much. (ICD-10: G47.9, ICF: b134)			
	25	Slurred Speech	Difficulty speaking clearly. (ICD-10: R47.81, ICF: b330)			
	26	Vertigo	Sensation of spinning or moving. (ICD-10: R42, ICF: b240)			

Less Common TBI Symptoms

	27	Aggression	Increased anger or hostile behavior. (ICD-10: R45.6, ICF: b152)			
	28	Anosmia	Loss of sense of smell. (ICD-10: R43.0, ICF: b210)			

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	29	Bradykinesia	Slowed movement. (ICD-10: R25.1, ICF: b760)			
	30	Bruxism	Teeth grinding or jaw clenching. (ICD-10: G47.63, ICF: b760)			
	31	Cerebral Edema	Swelling of the brain. (ICD-10: G93.6, ICF: b110)			
	32	Clonus	Involuntary muscle contractions. (ICD-10: R25.3, ICF: b760)			
	33	Diplopia	Double vision. (ICD-10: H53.2, ICF: b210)			
	34	Dysarthria	Difficulty with muscles used to pronounce words clearly. (ICD- 10: R47.1, ICF: b330)			
	35	Dyspraxia	Difficulty with coordinating movements (ICD-10: R48.2, ICF: b176)			
	36	Euphoria	Extreme feelings of happiness. (ICD-10: F30.9, ICF: b152)			
	37	Hemispatial Neglect	Ignoring one side of the body or space. (ICD-10: R41.4, ICF: b140)			
	38	Hyperacusis	Increased sensitivity to normal sounds. (ICD-10: H93.299, ICF: b230)			
	39	Hyperosmia	Heightened sense of smell. (ICD-10: R43.1, ICF: b210)			

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	40	Hypersomnia	Excessive sleepiness. (ICD-10: G47.10, ICF: b134)			
	41	Hypoxia	Low oxygen levels in the brain. (ICD-10: R09.02, ICF: b110)			
	42	Insomnia	Inability to sleep. (ICD-10: G47.00, ICF: b134)			
	43	Nystagmus	Involuntary eye movements. (ICD-10: H55.9, ICF: b210)			
	44	Paralysis	Loss of muscle function. (ICD-10: G83.9, ICF: b730)			
	45	Photophobia	Severe sensitivity to light. (ICD-10: H53.1, ICF: b210)			
	46	Prosopagnosia	Inability to recognize faces. (ICD-10: R48.8, ICF: b167)			
	47	Seizures -	Uncontrolled electrical activity in the brain. (ICD-10: G40.9, ICF: b110)			
	48	Syncope	Fainting. (ICD-10: R55, ICF: b110)			
	49	Tinnitus	Ringing in the ears. (ICD-10: H93.19, ICF: b230)			
	50	Tremors	Involuntary shaking or trembling. (ICD-10: R25.1, ICF: b760)			
	51	Visual Field Loss	Loss of part of vision. (ICD-10: H53.4, ICF: b210)			

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IN THE “NOTES” SECTION BELOW, for each of your CURRENT SYMPTOMS, PLEASE NOTE the corresponding symptom’s number, then the following information:

1. Functional Impact:

- **Daily Activities:** Describe how your symptoms impact daily activities (e.g., work, social life, physical activities).
- **Adaptive Strategies:** Note adaptive strategies you use to manage your symptoms.

2. Goal Setting:

- **Patient Goals:** List your short-term and long-term goals for managing your TBI.

When you feel like your Symptoms are changing, improving, etc. and your current answers no longer apply, please create a new TBI Questionnaire for yourself and give a copy of your new one to your healthcare providers.

Additional Notes: KEEP NOTES RE: DATES OF DR APPOINTMENTS, ETC. SO YOU CAN KEEP TRACK OF YOUR MEDICAL CARE & TREATMENT (WITH DATES) IN ONE PLACE.

YOU DO NOT NEED TO SHARE YOUR PERSONAL NOTES WITH YOUR PROVIDERS.

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