

## Assessing Traumatic Brain Injury

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### Questions to Screen for Mild Traumatic Brain Injury (mTBI)

- In your lifetime have you ever been hospitalized or seen in the ER due to injuries to your neck and head?
- Have you experienced repeated traumas to the head? What was the most severe consequence of one of these injuries?
- Have you ever been in a MVA, bicycle accident, where you injured your head or neck?
- Have you experienced a fall where you injured your neck or head. This could include while you were playing sports.
- Have you ever been shaken violently or been in a fight where you injured your head or neck?
- Have you ever been close to a blast or explosion?
- Were you ever shot in the head?

### ***If Yes to Any of the Above:***

- Were you knocked out or did you lose consciousness?
- Were you in a coma? If so, for how long? Did you experience any lapse in your memory?
- Any lapse in memory right before or right after accident? If so, what was your last memory you can recall right before the injury? What was your first memory?
- What doctors are you presently seeing or have seen?

- Have you had more headaches since the injury?
- Do you become fatigued more easily?
- Do you become more overwhelmed easily?
- Are you experiencing more difficulty with your memory?
- Do you have difficulty initiating, planning and following through with tasks?
- Do you have word finding difficulties?
- Has your ability to concentrate changed?
- Do you experience any difficulty while driving?
- Are you more sensitive to noise and light?
- Do you experience ringing in your ears?
- Do you feel more depressed or anxious?
- Have you experienced a change in your libido?
- Are you having trouble sleeping?
- Has there been any change in your relationships?
- Do you experience less enjoyment in your activities?

### **Couples Questionnaire**

- Have your role/responsibilities in the family changed?
- Have you noticed any changes in his/her personality since the injury?
- How is your life different since the injury?
- Has your ability to deal with problems changed?
- Are you more or less emotional?

- Can you participate in previously enjoyed social activities?
- Have you lost relationships with family and friends?
- Has your ability to cope with stress changed?
- Are you more fatigued?
- Do you feel depressed?
- Has your sexual intimacy changed?
- Do you have more difficulty communicating?
- Can you trust each other?
- Do you feel like you are married to a stranger? (to uninjured partner)
- Do you feel like a stranger to yourself? (to injured partner)
- I used to know what he/she felt. Now I don't know how he/ she feels. (to both partners).