Traumatic Brain Injury (TBI) / Acquired Brain Injury (ABI) Self-Assessment Tool

The traumatic brain injury (TBI) self-assessment tool was created to help those who served in the military. Many service members are injured during their service and don't know that they have sustained a TBI. A TBI can have very serious, life-changing impacts for those who live with it. This tool is not meant to formally diagnose a TBI. It is, however, intended to get you to think about your personal experiences and to consider being formally evaluated by a primary care provider.

Potential Exposures			
	Yes	No	NA
During your lifetime were you ever hit in the head with significant force (such as from a fall, a fight or combative training, an impact with equipment or stationary object)?			
During your lifetime were you ever exposed to a substantial blast (such as a grenade, rocket launcher, improvised-explosive-device or bomb, land mine, etc.)?			
In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.			
In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?			
In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?			
If you answered yes to any of the above, did this occur while in your military service period?			
Did any of these occur more than once (more than one fall, more than one blast, etc.)? If ***yes***, Please explain here:			

If you answered ***yes*** to **ANY** of the above:			
Did you lose consciousness (knocked out)? If ***YES***, for how long? If you don't know just estimate:			
If ***No,*** were you "dazed" (getting your "bell rung")			
Have you any problems remembering anything about the incident? Is your memory solid around the time of the incident?			

If you answered "YES" to any of the above, please continue to the next page

Traumatic Brain Injury (TBI) / Acquired Brain Injury (ABI) Self-Assessment Tool

Symptom Checklist: Have you experienced any of the following symptoms	Severity (how bad does it get?) Low = 1 - 2 - 3 - 4 - 5 = High	Occurrence (How often do the symptoms bother you?) (Check one)		
		Never	Sometimes	Always
-Thinking /Memory/Cognition-				
I have a hard time making decisions.	Low = 1 - 2 - 3 - 4 - 5 = High			
I find it hard to concentrate	Low = 1 - 2 - 3 - 4 - 5 = High			
I have trouble making good “judgement calls”	Low = 1 - 2 - 3 - 4 - 5 = High			
I have a hard time understanding others/expressing myself	Low = 1 - 2 - 3 - 4 - 5 = High			
I often have problems with memory and can “lose time”	Low = 1 - 2 - 3 - 4 - 5 = High			
I have trouble keeping track of time.	Low = 1 - 2 - 3 - 4 - 5 = High			
My thinking often feels “slow”	Low = 1 - 2 - 3 - 4 - 5 = High			
I am easily distracted	Low = 1 - 2 - 3 - 4 - 5 = High			
I am forgetful	Low = 1 - 2 - 3 - 4 - 5 = High			
I have difficulty “multi-tasking”	Low = 1 - 2 - 3 - 4 - 5 = High			
-Physical / Sensation-				
I have/had seizures	Low = 1 - 2 - 3 - 4 - 5 = High			
I have poor balance	Low = 1 - 2 - 3 - 4 - 5 = High			
I am often sensitive to light	Low = 1 - 2 - 3 - 4 - 5 = High			
I often feel dizzy for no reason	Low = 1 - 2 - 3 - 4 - 5 = High			
I have poor coordination	Low = 1 - 2 - 3 - 4 - 5 = High			
I can have trouble seeing	Low = 1 - 2 - 3 - 4 - 5 = High			
I can have trouble hearing	Low = 1 - 2 - 3 - 4 - 5 = High			
I have ringing in my ears that doesn’t go away	Low = 1 - 2 - 3 - 4 - 5 = High			
I often get headaches that seem to come out of nowhere.	Low = 1 - 2 - 3 - 4 - 5 = High			
I have significant problems with my sleep	Low = 1 - 2 - 3 - 4 - 5 = High			
I feel fatigued often and can’t shake it	Low = 1 - 2 - 3 - 4 - 5 = High			
-Emotional/Mood-				
I tend to be impulsive	Low = 1 - 2 - 3 - 4 - 5 = High			
I can “snap” real easy	Low = 1 - 2 - 3 - 4 - 5 = High			
I feel anxious/tense often	Low = 1 - 2 - 3 - 4 - 5 = High			
I feel sad/depressed often	Low = 1 - 2 - 3 - 4 - 5 = High			
I get frustrated easily and often	Low = 1 - 2 - 3 - 4 - 5 = High			
I am irritated easily for reasons that shouldn’t irritate me	Low = 1 - 2 - 3 - 4 - 5 = High			
I often feel emotionally overwhelmed when out in public, shopping or in crowds	Low = 1 - 2 - 3 - 4 - 5 = High			
I have trouble controlling my emotions	Low = 1 - 2 - 3 - 4 - 5 = High			
Any of the above symptoms worsen with exertion/effort.	Low = 1 - 2 - 3 - 4 - 5 = High			

If you answered "Yes" to any question on page one and experience any of the symptoms on the checklist, you may consider a more thorough evaluation by a trained professional. The results for this assessment will vary from person to person depending on their individual life experiences. Your answers do not necessarily reflect a service-connected injury; however, if you believe you may have service connection to a TBI / ABI or if you are unsure please contact the administrator of this assessment for assistance and/or guidance.

***Note:** Service connection is not necessary to receive assistance from WDVA-TBI/ABI program.*

Would you like to be contacted by the TBI program for questions relating to Traumatic / Acquired Brain Injury?

YES NO

Would you like to be contacted by the WDVA for questions relating to something besides TBI?

YES NO

(Optional) Name: ____

(Optional) Contact method/information: ______________________________

What Next?

If you are interested in speaking to someone about this self-assessment, or your experience with TBI /ABI, please contact the following service providers. They will be happy to help answer any questions that you may have and help guide you to useful resources.

Dan Overton MC, LMHC, MHP

TBI/ABI Program Specialist

360-725-2223 Danielo@WDVA.WA.Gov

Heather Bahme

TBI Outreach Coordinator h.bahme@gmail.com 509-688-9016