

Adult Brain Injury (ABI) Program Screener

A positive screener does not establish a diagnosis of traumatic brain injury. However, a positive screener will confirm eligibility for service coordination through the ABI Program (up to 180 days) until medical documentation is obtained.

Participant Name: DCN:
Phone Number: Date of Birth:

Question 1.) Have you ever hit your head, been hit on the head or had an item penetrate your head and as a result experienced a loss of consciousness or a period of feeling dazed/confused?

☐ **Yes** ☐ **No**

If yes, describe the event:

Approximate date of event:

Question 2.) Have you ever been seen in the Emergency Room, Hospital or by a Doctor because of an injury to your head?

☐ **Yes** ☐ **No**

If yes, where were you seen and when?

Question 3.) Do you experience any of these problems in your daily life because of the injury to your head?

☐ **Yes** ☐ **No**

Please mark all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Difficulty reading, writing, calculating |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Poor problem solving |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Difficulty performing your job/school work |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Change in relationships with others |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> Difficulty remembering | <input type="checkbox"/> Other |

Note: Other problems may include: visual, auditory, sensory impairments, paralysis, weakness of any extremity, balance problems, fatigue, apathy, silliness, impulsivity, mood swings, irritability, decreased self-awareness, decreased ability to learn new information or retrieve old information, shift from one topic to another, set goals or plan tasks, monitor own behavior, and difficulty with abstract thinking.

Did you answer yes to questions #1 and #3?

☐ **Yes (Positive Screener)** ☐ **No (Negative Screener)**

Interviewer signature: **Date:**

