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## **TRAUMATIC BRAIN INJURY QUESTIONNAIRE**

**Applicant Name:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

1. Date of TBI incident: \_\_\_\_\_
2. If you are a Veteran or Service Member, did your TBI occur during deployment?     Yes     No
3. Was the TBI diagnosed as mild or severe?     Mild     Severe
4. Do you currently have any physical or medical issues as a result of your TBI? (i.e. headaches, seizures, vision problems, hearing loss, sleep disorder, sensitivity to light or noise, nausea/vomiting)
5. Have you experienced significant changes or difficulty in any of the following areas since your TBI occurred? For the items checked YES, explain what (if any) coping techniques you use to overcome the change or difficulty.

<b>Issue</b>	<b>Y</b>	<b>N</b>	<b>Coping Techniques</b>
Communication			
Motivation			
Memory – Short Term			
Memory – Long Term			
Attention/ Concentration			
Problem solving			
Organization			
Judgment/ Decision Making			
Information Processing			
Planning			
Social Behavior			
Controlling Emotions			
Other:			