CHECK SYMPTOMS YOU CURRENTLY EXPERIENCE

- ☐ Easily distracted
- ☐ Easily confused
- ☐ Difficulty understanding instructions or a discussion
- ☐ Confabulates: creates own explanation of events
- ☐ Easily stuck on one step, stage or activity
- ☐ Inability to recall events since injury
- ☐ Spotty memory
- ☐ Impaired communication skills
- ☐ Speech disorders
- ☐ Slurring or shushing of words
- ☐ Difficulty remembering words or naming objects
- ☐ Difficulty in expressing ideas impaired judgment
- ☐ Difficulty in interpreting the actions of others
- ☐ Need for repeated instructions
- ☐ Frustrated
- ☐ Depressed
- ☐ Angry
- ☐ Dull
- ☐ Agitated
- ☐ Rapid changes in emotion
- ☐ Severe mood changes
- ☐ Insensitivity to others
- ☐ Self-centeredness
- ☐ Rage
- ☐ Tantrums
- ☐ Poor impulse control loss of inhibition
- ☐ Decreased sexual interest/libido
- ☐ Inappropriate sexual expression
- ☐ Loss of self-esteem

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Traumatic brain injury often is best evaluated by close family members and friends. Give them a copy of this questionnaire and ask them check to any symptoms they have observed.

Today's Date: _____

Name: _____

Address: _____

City, State Zip: _____

Telephone: _____

Email: _____

Date of injury: Month/Date/Year: _____

Last thing remembered before injury: _____

Date consistently clear memory re-started: _____

CHECK SYMPTOMS YOU CURRENTLY EXPERIENCE

- ☐ Impaired sight
- ☐ Impaired hearing
- ☐ Changes in taste, and smell
- ☐ Changes in sensitivity to touch
- ☐ Muscle weakness
- ☐ Poor balance
- ☐ Decreased endurance
- ☐ Muscle stiffness
- ☐ Fatigue
- ☐ Being sleepy
- ☐ Sleep disorders
- ☐ Difficulty swallowing or chewing
- ☐ Short term memory loss
- ☐ Difficulty organizing and scheduling
- ☐ Difficulty planning
- ☐ Decreased attention
- ☐ Decreased ability to concentrate
- ☐ Inability to read through an article
- ☐ Inability to follow a television program or movie
- ☐ Cannot follow through an idea to completion
- ☐ Difficulty in following a logical progression
- ☐ Quickly change subjects