

## **TBI Screening Questions**

**Ask the parent:** "Has your child ever..." Been in a motor vehicle crash? Been hit in head during sports or play? Seemed dazed, confused, unlike "normal" self for a period of time? Had a concussion; been knocked out, or lost consciousness? Had difficulty understanding a question, depending on the wording used? Had whiplash? Played sports which involve contact with the head? Been hit on the head and seemed confused or had changes in vision, hearing, tired easily or had memory problems afterward? Fallen from a significant height? Been hospitalized for a blow to the head?

## **Detailed Interview**

**When, Where and How** questions should be asked multiple times and in a variety of ways to establish details of the TBI and consistency. Details about medical intervention should be thoroughly discussed; if medical intervention was not sought, get specific details regarding child's behavior immediately following the injury/accident. **(Ask parent for a copy of any diagnostic information they may have)**

**Use the following questions as a guide:**

1. Has the child ever hit his/her head or gotten hit on the head? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Has the child ever lost consciousness? \_\_\_\_\_ Yes \_\_\_\_\_ No (Reason)
3. Has the child ever been seen by a doctor in the ER? \_\_\_\_\_ Yes \_\_\_\_\_ No (Reason)
4. Has the child been hospitalized for any significant illness? \_\_\_\_\_ Yes \_\_\_\_\_ No (Reason)
5. Has the child ever had a diagnosis of head injury of any kind? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, at what age (s) \_\_\_\_\_ & **Explain, When, Where, and How**

6. If the Child has had a head injury or been hit or fallen on his/her head, did they experience any of the following problems such as: (circle all that apply)

Headaches, dizziness, irritability, anxiety, depression, increased fatigue, difficulty concentrating or problems with attention, difficulty remembering day-to-day events, difficulty with homework, poor judgment/problem solving, changes in relationships with family and friends.

7. Have you seen changes in your child's behavior since the injury? Please provide specific details of changes.
8. Additional information regarding possible head injury. (This could include reports of head injury of child to parents by day care providers).

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