

ID: Date: - -
(DD) (MMM) (YYYY)

**Virginia Commonwealth University Retrospective Concussion
Diagnostic Interview - Blast**

Interviewer: _____

Potential Concussive Event (PCE) Label1. PCE setting

- Civilian Sector
- Military; non-combat deployed
- Military; combat deployed

2. Date of PCE

___/___/___ [date of traumatic event]
(dd) (mmm) (yyyy)

Event Reference (if event was identified on earlier interview then complete this section first; prior to #1 & #2 above)**Interviewer:** This section is optional. It is intended only if the CDI is not conducted immediately after the event is identified.

A. During the earlier interview, you indicated that on ___/___/___ [date of traumatic event] that you experienced
(dd) (mm) (yyyy)

a _____ [blast type indicated during screening interview].

You described it like this:

[individual's description of the event from screening interview]

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(DD) (MMM) (YYYY)**Description of Event and Experience**

3a. From the list of blast types that I will read to you in a moment, please tell me what you think caused this explosion.

- RPG
- Mortar
- IED
- Land mine
- Grenade
- C4
- None of the above.

If "None of the above" ask: "What caused this blast?": _____

3b. Now please tell me more about this incident. I would like you to tell me in as much detail as possible what happened to you and what you felt during and right after this blast event.

(Make sure to get a clear narrative about events leading up to the blast, information about the blast event including how close it was, and information about what happened after the blast including what he/she experienced physically and emotionally).

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Recollection of Event

4. Do you have personal memory of the blast explosion itself? Yes
 No
5. Is there a period of time just BEFORE the explosion for which you have no personal memory of at all? Yes **If Yes, complete questions 5a and 5b.**
 No **If No, go to question 6.**

5a. What is the last thing that you personally remember occurring just BEFORE the blast?

5b. How long was the period of time between [*the thing in 5a response*] and the blast?

Seconds
 Minutes
 Hours
 Don't know

If individual responds in units other than those listed, record here and convert prior to entering in to the SMS.

Other unit: _____

Interviewer: If individual is unable to provide a measurable response to 5b then instruct him/her: *"I understand that this is time that you do not remember, but please give me your best guess."* Then repeat question 5b.

If individual is STILL unable to provide a response then instruct him/her: *"Please try and make your guess by what other people may have later told you, or on events that you think passed during that time."* Then repeat question 5b.

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(DD) (MMM) (YYYY)**Recollection of Event**

6. Is there a period of time just AFTER the explosion for which you have no personal memory of at all? Yes If Yes, complete questions 6a and 6b.
 No If No, go to question 7.

6a. What is the first thing that you personally remember occurring just AFTER the blast?

6b. How long was the period of time between the blast and [the thing in 6a response]?

Seconds
 Minutes
 Hours
 Don't know

If individual responds in units other than those listed, record here and convert prior to entering in to the SMS.

Other unit: _____

Interviewer: If individual is unable to provide a measurable response to 6b then instruct him/her: *"I understand that this is time that you do not remember, but please give me your best guess."* Then repeat question 6b.

If individual is STILL unable to provide a response then instruct him/her: *"Please try and make your guess by what other people may have later told you, or on events that you think passed during that time."* Then repeat question 6b.

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(DD) (MMM) (YYYY)**Recollection of Event**

7. **Interviewer:** Review the prior answers: Does the individual remember the blast explosion itself with no gaps in memory before or after the explosion? (i.e. are responses #4 Yes, #5 No, and #6 No?) Yes **If Yes, complete question 7a.**
 No **If No, go to question 8.**

- 7a. It sounds like there are no holes or gaps in your memory from that day, is that correct? Yes **If Yes, go to question 8.**
 No **In No, read below.**

Interviewer: If **No**: Inform individual: "I need to understand how this fits with the earlier questions," then re-administer questions 4-6 [change recorded data accordingly]. If responses are still Yes (#4), No (#5), and No (#6), then use unstructured clinical interview to sort out and translate into structured interview responses.

Injury Mechanism**Advise the individual:**

Some of the next questions may seem repetitive, but please bear with me, as we are trying to learn as much as possible about what you have experienced. If there are any questions where you are not sure of the answer, please try to give me your best guess.

(Interviewer: If individual states he/she has already told you the answer to any of the following questions, then read back the statement you think applies and ask if you got it right, then insert/amend as he/she indicates.) As applicable, collect info related to position of vehicle, vehicle type, distance from blast, distance body was thrown, etc.

8. What were you doing at the time of the blast?

9. Were you wearing a helmet at the time of the blast? Yes
 No
10. Were you positioned inside or on a vehicle at the time of the blast? Yes
 No

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Injury Mechanism

11. Did you have any other cover at the time of the blast (other than or in addition to a vehicle)?
- Yes If Yes, complete questions 11a.
- No If No, or Don't know, go to question 12.
- Don't know

11a. Describe the cover.

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12. Were you thrown or knocked to the ground?
- Yes
- No
- Don't know

13. Were you thrown against or knocked into something else?
- Yes
- No
- Don't know

14. To your knowledge, was your head struck or did your head hit something?
- Head was struck
- Head hit something
- No
- Don't know
- If head was struck or hit something, complete question 14a.
- If No, or Don't know, go to question 15.

14a. [What struck your head?] or [What did your head hit?]

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Consciousness

15. Right after the blast did you become unconscious, that is, you could not see, speak, and move for any period of time?
- Yes If Yes, complete question 16.
- No If No, skip to the Symptoms section (question 18).

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16. Were you told this by a witness, or is this based upon your experience? Witness **If Witness, go to question 17**
 Own experience **If own experience, complete question 16a.**

16a. How did you determine you were unconscious?

- Events that passed
 Evidence from a watch, time on a phone, video, etc.
 Guess
 Other : _____

17. How long were you unconscious?

- Seconds
 Minutes
 Don't know Hours

Note: If delay and individual "does not know", then ask to give their best guess how long the delay was and explain that there are no right or wrong answers. As a last resort, give multiple choice range options and narrow down from there

Other unit: _____

Symptoms

18. Did you feel dazed? Yes **If Yes, go to question 18a**
 No **If No, skip to question 19.**

- 18a.** Did you feel dazed immediately after the blast or was there a delay? Immediate **If Immediate, enter 0 minutes for 18b and continue to 18c**
 Delayed **If Delayed, ask and complete questions 18b and 18c.**

18b. [If delayed] how long after the blast did it start?

- Minutes
 Hours
 Days
 Months

Note: If delay and individual "does not know", then ask to give their best guess how long the delay was and explain that there are no right or wrong answers. As a last resort, give multiple choice range options and narrow down from there

If less than 30 seconds or immediate onset, code as 0 minutes.

Other unit: _____

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Symptoms, continued

18c. How long did it last?

- Minutes
 Hours
 Days
 Months

Note: If delay and individual "does not know", then ask to give their best guess how long the delay was and explain that there are no right or wrong answers. As a last resort, give multiple choice range options and narrow down from there

Other unit: _____

If answered in seconds, then round to the nearest minute. If less than 30 seconds or momentary duration, code as 0 minutes. If continuously experienced through today, note in margin, then code appropriately post interview.

19. Did you feel confused? Yes If Yes, go to question 19a.
 No If No, go to question 20.

19a. Did you feel confused immediately after the blast or was there a delay?

- Immediate If Immediate, enter 0 minutes for 19b and continue to 19c.
 Delayed If Delayed, ask and complete questions 19b and 19c.

19b. If delayed, how long after the blast did it start?

- Minutes
 Hours
 Days
 Months

Note: If delay and individual "does not know", then ask to give their best guess how long the delay was and explain that there are no right or wrong answers. As a last resort, give multiple choice range options and narrow down from there

Other unit: _____

If less than 30 seconds or immediate onset, code as 0 minutes.

19c. How long did it last?

- Minutes
 Hours
 Days
 Months

Note: If delay and individual "does not know", then ask to give their best guess how long the delay was and explain that there are no right or wrong answers. As a last resort, give multiple choice range options and narrow down from there

Other unit: _____

If answered in seconds, then round to the nearest minute. If less than 30 seconds or momentary duration, code as 0 minutes. If continuously experienced through today, note in margin, then code appropriately post interview.

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20. Did you see stars? Yes If Yes, go to question 20a.
 No If No, go to question 21.

- 20a. Did you see stars immediately after the blast or was there a delay? Immediate If Immediate, enter 0 minutes for 20b and continue to 20c
 Delayed If Delayed, ask and complete questions 20b and 20c.

- 20b. If delayed, how long after the blast did it start?

- Minutes
 Hours
 Days
 Months

Note: If delay and individual "does not know", then ask to give their best guess how long the delay was and explain that there are no right or wrong answers. As a last resort, give multiple choice range options and narrow down from there

Other unit: _____

If less than 30 seconds or immediate onset, code as 0 minutes.

- 20c. How long did it last?

- Minutes
 Hours
 Days
 Months

Note: If delay and individual "does not know", then ask to give their best guess how long the delay was and explain that there are no right or wrong answers. As a last resort, give multiple choice range options and narrow down from there

Other unit: _____

If answered in seconds, then round to the nearest minute. If less than 30 seconds or momentary duration, code as 0 minutes. If continuously experienced through today, note in margin, then code appropriately post interview.

21. Did your head ache? Yes If Yes, go to question 21a.
 No If No, go to question 22.

- 21a. Did your head ache begin immediately after the blast or was there a delay? Immediate If Immediate, go to question 22
 Delayed If Delayed, complete questions 21b.

- 21b. If delayed, did it start: Within 2 weeks
 More than 2 weeks after

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Symptoms

22. Did you have any other feelings or symptoms that you noticed right after or soon after the impact? Yes If Yes complete table below.
 No If No go to question 23.

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

Other symptom: _____

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- Not TBI
 TBI without PTA
 TBI with PTA

Review: I have reviewed the CDI content and all available early documentation regarding this event and I conclude the following:

- No discrepancy exists; my review is consistent with algorithm rating which serves as final rating
 Discrepancy exists; per my review the algorithm rating is questionable

If discrepancy exists, choose one of the following: [After review and assimilation of the structured and unstructured CDI information and relevant documentation I recommend:]

- Algorithm rating stands as final rating (contradictory information is very weak)
 Over-ride algorithm rating (contradictory information is compelling and algorithm rating is in significant doubt) If “over-ride” rating is selected by Site PI, Site PI must also make final determination here:
- Not TBI
 TBI without PTA
 TBI with PTA