

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

Virginia Commonwealth University Retrospective Concussion Diagnostic Interview - General

Interviewer: _____

Potential Concussive Event (PCE) Label

1. 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 interview is not conducted immediately after the event is identified.

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

you experienced _____ [traumatic event indicated during screening interview].

You described it like this:

[subject's description of the event for which he/she is presenting, or detected on screening interview]

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

3a. From the list of head/neck injury types that I will read to you in a moment, please tell me what you think caused this injury:

- Motor vehicle accident
- Fall
- Assaulted or struck by person
- Hit by something (struck by object)
- Sports collision
- Shot in head
- None of the above. If "none of the above" ask: "What caused this injury?": _____

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 _____ (MVA, fall, assault, or etc. type of event)

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

ID: Date: - -
(DD) (MMM) (YYYY)**Recollection of Event**

4. Do you have personal memory of the impact (collision, fall, assault, or whatever type of traumatic impact was reported) itself? Yes
 No
5. Is there a period of time just BEFORE the impact 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 impact?

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

Seconds
 Minutes
 Hours
 Don't know

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

ID: Date: - -
(DD) (MMM) (YYYY)**Recollection of Event**

6. Is there a period of time just AFTER the impact 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 impact?

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Seconds
			<input type="checkbox"/> Minutes
<input type="checkbox"/> Don't know			<input type="checkbox"/> Hours

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

7. Interviewer: Review the prior answers: Does the individual remember the traumatic event it self with no gaps in memory before or after the impact? (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 If 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.

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

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

9. If combat, motorcycle, or non-motorized transportation (bicycle, ski, skate, etc.) event: Were you wearing a helmet at the time of the impact or sporting event?

Yes
 No
 N/A

10. 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 10a.

If No, or Don't know, go to question 11.

10a.[What struck your head?] or [What did your head hit?]

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

11. Right after the impact did you become unconscious, that is, you could not see, speak, and move for any period of time? Yes If Yes, complete question 12. No If No, skip to Symptoms section (question 14).
12. Were you told this by a witness, or is this based upon your experience? Witness If Witness, go to question 13. Own experience If own experience, complete question 12a and continue to question 13.
- 12a. How did you determine you were unconscious?
- Events that passed
- Evidence from a watch, time on a phone, video, etc.
- Guess
- Other: _____

13. How long were you unconscious?

Seconds

Minutes

Don't know Hours

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

Other unit: _____

Symptoms

14. Did you feel dazed? Yes If Yes, complete questions 14a . No If No, go to question 15.
- 14a. Did you feel dazed immediately after the impact or was there a delay? Immediate If Immediate, enter 0 minutes for 14b and continue to question 14c Delayed If Delayed, ask and complete questions 14b and 14c.

- 14b. [If delayed,] how long after the impact 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

14c. 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.

15. Did you feel confused? Yes If Yes, complete
 No If No, go to question 16.

15a. Did you feel confused immediately after the impact or was there a delay?

- Immediate If Immediate, enter 0 minutes for 15b and continue to 15c
 Delayed If Delayed, ask and complete questions 15b and 15c.

15b. If delayed, how long after the impact 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.

15c. 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.

16. Did you see stars? Yes If Yes, complete questions 16a.
 No If No, go to question 17.

16a. Did you see stars immediately after the impact or was there a delay?

- Immediate If Immediate, enter 0 minutes for 16b and continue to 16c
 Delayed If Delayed, ask and complete questions 16b and 16c.

ID: Date: - -
(DD) (MMM) (YYYY)**Symptoms****16b.** If delayed, how long after the impact 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.

16c. 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.

17. Did your head ache? Yes If Yes, go to question 17a. No If No, go to question 18.**17a.** Did your head ache begin immediately after the impact or was there a delay? Immediate

If Immediate, go to question 18.

 Delayed

If Delayed, complete question 17b.

17b. If delayed, did it start: Within 2 weeks More than 2 weeks after

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Symptoms

18. 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 19.

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: _____

ID: Date: - -
(DD) (MMM) (YYYY)**Staff Only Section****Algorithm TBI Rating:**

- Not TBI
 TBI without PTA
 TBI with PTA

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 make final determination here:
 Not TBI
 TBI without PTA
 TBI with PTA