

# Brief Screening for Possible Brain Injury

## ~ Overview ~

*This brief screening is used to determine if an individual has experienced a brain injury during the course of a domestic violence incident, or at any other time. Brain injuries and their long term consequences often occur without the direct awareness of the individual. As a result, the person fails to link problems with everyday functioning to the brain injury. Brain injury consequences are unpredictable—they can vary from barely noticeable to life shattering. The cumulative effects of repeated blows to the head, over a period of time, can cause significant injury to the brain and increased effects on everyday functioning.*

*Screening is crucial since brain injury often remains unidentified in clients with domestic violence. Difficulties identified on Part 2 can highlight needed interventions to enhance the individual's ability to function in the community and profit from intervention.*

## ~ Instructions ~

**Part 1:** Events where a blow to the head may have occurred are queried with questioning of whether this(ese) events were associated with a loss of consciousness/period of altered mental state. If NO blows to the head and/or a loss of consciousness/period of altered mental state associated with these events, screening is **NEGATIVE**, with no further questions needed. Continue with Part 2 for all other individuals.

**Part 2:** Common symptoms post injury are explored. Individuals acknowledging functional problems associated with Part 1 findings are considered to have a **POSITIVE** screen. Need for further referral is suggested.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 1:

- Have you ever had a **blow to your head**?
- Has anyone ever **hit your head**?
- Has your head ever been **hit against the wall or into other solid objects**?
- Have you ever been told that you had a **concussion**?
- Have you ever been **hospitalized** or seen in the **emergency room**?

For what reason? \_\_\_\_\_

- Have you ever **fallen** or **hit your head during a fall**?
- Have you ever been **strangled**?
- Did you **lose consciousness** or **feel dazed** or **confused** after experiencing any of the event(s) listed above ?
- NO- NEGATIVE SCREEN.** No further questions.
- YES-** How many times/how long? \_\_\_\_\_

[~IF YES, CONTINUE TO PART 2~](#)

### Part 2:

Do you experience any of the symptoms **after** the event(s) listed in Part 1?

- Headaches
- Dizziness
- Easy loss of temper
- Difficulty concentrating
- Difficulty remembering or learning new information
- Difficulty reading, writing, or doing calculations
- Difficulty remembering how to do things you once could do
- Poor judgment (eg. taking unnecessary risks)
- Difficulty in problem solving
- Difficulty getting tasks started
- Difficulty being in crowds

**IF A PERSON ACKNOWLEDGES: A) BLOW(S) TO THE HEAD; B) LOSS OF CONSCIOUSNESS/DAZED/CONFUSED FEELINGS ASSOCIATED WITH EVENT(S) IN PART 1; AND HAS CURRENT SYMPTOMS ON PART 2, THE SCREENING IS POSITIVE.**

[CONSIDER REFERRAL TO THE ALABAMA HEAD INJURY FOUNDATION 1-800-433-8002 FOR FURTHER ASSESSMENTS.](#)