

Subj ID or MRN:

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

Visit tag: _____

Virginia Commonwealth University Retrospective Concussion Diagnostic Interview - General - Simplified

Verbally administer interview to participant or patient.

Interviewer: _____

Potential Concussive Event (PCE) Label

1a.

- Worst PCE (Surface mapping item #2)
- 2nd Worst PCE (Surface mapping item #4)
- First PCE (Surface mapping item #5)
- Other PCE; Ask: For this head (or neck) injury [if > 1 injury then replace “this” with “the first”, “the second”, and so on as indicated], please tell me the approximate date, month and year, that it occurred?”:

Month: ___ / Year: ____

1b. Did this event occur during a military combat deployment?:

- Yes
- No

1c.

Interviewer: 1c is optional. It is intended only if the CDI is not conducted immediately after the event is identified during PCE mapping or prior to mapping in order to confirm matches correct event.

Prior Description of Event and Experience

During the earlier interview, you indicated that on

_____/_____[date of traumatic event]
mmm yyyy

you experienced _____

[traumatic event indicated during PCE mapping interview].

You described it like this:

[subject’s prior description of the event for which he/she is presenting, or was detected on PCE mapping interview]

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Cause of Event and Open-Ended Description of Experience

2. 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

Blast or explosion *If blast or explosion also complete 2a.*

None of the above *If "none of the above" ask: "What caused this injury?": _____*

2a. Which of the following types of blast was it?:

Mortar

Bomb

IED

Rocket (includes Missile)

Land mine

Mixture of explosive

Grenade (includes RPG)

Breaching charge

C4

(Training) simulation

Artillery

3. **Ask:** "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 they experienced physically and emotionally**).

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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, skip to question 6.**

Interviewer instructions:

- To be yes, missing memory must include some amount of time, no matter how brief or long, that is before and immediately adjacent or contiguous to the impact.
- If need to clarify question, may restate: *“In other words, do you have totally absent memory for some period of time right before the impact?”*

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
 Don't know Hours

If subject responds in units other than those listed, record here and convert later for final entry into box on left.

Other unit: _____

Interviewer Instructions: If subject is unable to provide a measurable response to 5b then instruct them: *“I understand that this is time that you do not remember, but please give me your best guess.”* Then repeat question 5b.

If subject is STILL unable to provide a response then instruct them: *“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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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, skip to question 7.

Interviewer instructions:

- To be yes, missing memory must include some amount of time, no matter how brief or long, that is after and immediately adjacent or contiguous to the impact.
- If need to clarify question, may restate: "In other words, do you have totally absent memory for some period of time right after the impact?"

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]?

Seconds
 Minutes
 Hours
 Don't know

If subject responds in units other than those listed, record here and convert later for final entry into box on left.

Other unit: _____

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

If subject is STILL unable to provide a response then instruct them: "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 subject remember the traumatic event itself 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, skip 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 Instructions: If No: Inform subject: "I need to understand how this fits with the earlier questions," then re-administer questions 4-7. If any responses differ then change recorded data accordingly; if responses are still Yes (#4), No (#5), No (#6) making # 7 Yes and triggering 7a, and if 7a is still No, then get help from a trained clinician or clinical research staff member to help intervene.

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Injury Mechanism**Advise the subject:**

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 Instructions: If subject 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 they indicate.

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

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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?]

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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 questions 12-13.**
 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 then 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
 Hours

Note: If subject "does not know" how long, then ask to give their best guess 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 response in units other than those listed, record here and convert for final entry into box on left. 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, then 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 subject "does not know" how long before dazed began, 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

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Symptoms

14c. How long did it (daze) last?

- Minutes
- Hours
- Days
- Months

Note: If subject "does not know" how long they felt dazed, then ask to give their best guess how long they felt dazed 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 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, continue to question 15a.
 No If No, skip 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, then 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 subject "does not know" how long before confused began, 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.

15c. How long did it last?

- Minutes
- Hours
- Days
- Months

Note: If subject "does not know" how long they felt confused, then ask to give their best guess how long they felt confused 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 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, continue to question 16a.
 No If No, skip to question 17.

16a. Did you see stars immediately after the impact or was it delayed?

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

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Symptoms

16b. If delayed, how long after the impact did it start?

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- Minutes
- Hours
- Days
- Months

Note: If delay and subject "does not know" how long before stars began, 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 subject "does not know" how long they saw stars, 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, continue to question 17a.
 No If No, skip to question 18.

17a. Did your head ache begin immediately after the impact or was there a delay? Immediate If Immediate, skip 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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Grid for Subject ID or MRN (8 boxes)

Date:

Grid for Day (DD)

(DD)

Grid for Month (MMM)

MMM

Grid for Year (YYYY)

YYYY

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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: _____

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Initial Evaluation/Treatment

19. Were you medically evaluated or treated immediately after the impact?

- Yes If Yes, complete question 19a-e.
 No If No, interview for this PCE is finished.

19a. Were you evaluated at a medical office, urgent care or emergency department of medical center? Or if military, were you evaluated at an aid station, behind the "wire" or medical evacuation?

- Yes
 No
 N/A

19b. Were you hospitalized? Yes If Yes, complete questions 19c & 19d
 No
 N/A

19c. How many days were you hospitalized?: _____

19d. Describe injuries: _____

19e. Ask for treatment location (highest level of care):

(for identifying relevant medical records [see below])

Staff Only Section (Interview for this event is complete)

Medical Record Reviewer/Abstractor:

20. Are any medical records found related to this event? Yes
 No

[After PCE mapping and follow-on CDIs are completed, the TBI rating will be determined by a subject matter expert. If Qx 20 is "Yes", then any discoverable medical record documentation for this event must be reviewed prior to determining the final TBI rating.]

21. Expert Reviewer TBI Diagnosis for this CDI:

- Not TBI
- Mild TBI without PTA
- Mild TBI with PTA
- Moderate TBI without PTA
- Moderate TBI with PTA
- Severe TBI
- Penetrating TBI

Notes:

Reviewer: _____

Date Rated: __ / __ / __
DD MMM YYYY