

DVBIC

The following questions are about any physical injuries you may have had at some point in your life.

1. Have you ever had an injury (or injuries) from any of the following? *(Check all that apply)*
 - _A Fragment
 - _B Bullet
 - _C Vehicular (car, motorcycle, bicycle, ATV, airplane, etc.)
 - _D Fall (on ice, from a horse, from a height, etc.)
 - _E Blast (IED, RPG, land mine, grenade, etc.)
 - _F Sports
 - _G Physical altercation (hit in the head, being shaken violently, being choked, etc)
 - _H Other (specify): _____
 - _I No injury

2. Did an injury result in any of the following? *(Check all that apply)*
 - _A Being dazed, confused, "seeing stars," "having your bell rung"
 - _B Not remembering the injury
 - _C Losing consciousness (knocked out) for less than a minute
 - _D Losing consciousness for 1 to 20 minutes
 - _E Losing consciousness for longer than 20 minutes
 - _F Having any symptoms of concussion afterward (such as headache, dizziness, irritability, etc.)
 - _G Head injury (head bleeding, skull injury)
 - _H None of the above

3. Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? *(Check all that apply)*
 - _A Headaches
 - _B Ringing in the ears
 - _C Dizziness
 - _D Irritability
 - _E Memory problems
 - _G Sleep problems
 - _H Balance problems
 - _I Other: _____
 - _J None of the above

Name: _____ Date: _____