**NEUROBEHAVIORAL MEDICAL SCREEN**

**BACKGROUND**

For the neurocognitive assessments, it is important for us to know what type of educational history you have and any experiences with head injuries. The following questions will help us understand that history for you.

**INSTRUCTIONS**

Ask all items check Yes or No for each one. For any "Yes" answer to any question please follow-up by gathering the following information and record on the lines below:

**Overdose Related Brain Injury**

1. Have you **ever** overdosed (i.e., where you had a negative reaction from using too much drugs or had a bad trip)?

 **Yes**  **No**

1. Have you **ever** had an overdose when taking opioids? Signs of an opioid overdose include: shallow breathing or stopped breathing, snoring, or gurgling sounds, blue lips or fingertips, floppy arms or legs, or no response to stimulus

 **Yes**  **No**

1. Have you **ever** had an overdose when taking sedatives and/or tranquilizers? Signs of a sedative/tranquilizer overdose include: shallow breathing or stopped breathing, deep sedation, little/no improvement after naloxone

 **Yes**  **No**

1. How many times in your life have you overdosed?\_\_\_\_\_\_\_\_\_\_\_\_

The following questions are about the **most severe incident**:

1. When was this incident? \_\_\_\_\_\_\_ (month/year)
2. What type of overdose/non-fatal toxic drug poisoning do you think it was?

 Opioid

 Stimulant

 Sedative or Tranquilizer

 Combination of the above

 Don’t know

 Other

1. Were you seen by an ambulance?

 **Yes**  **No**

1. Were you taken to an ER/hospital?

 **Yes**  **No**

1. Were you given Narcan/naloxone?

 **Yes**  **No**

**If yes**, how much?­­­­­­\_\_\_\_\_\_\_\_\_

1. Did you lose consciousness?  **Yes**  **No (skip to G)**
   * 1. **If yes,** How long was the loss of consciousness?
     + Less than 30 min
     + 30 min to 24hrs
     + Greater than 24 hrs
2. Did you have any headaches, nausea, vomiting, blurred vision, change in vision, or confusion after the incident? ** Yes  No (skip to H)**
3. **If yes,** how long did these last?
   * + Less than 30 min
     + 30 min to 24hrs
     + Greater than 24 hrs
4. Were you diagnosed by a doctor with a hypoxic and/or anoxic brain injury (in other words, brain injury due to a lack of oxygen) due to toxic drug poisoning?

 **Yes**  **No**

**Traumatic Head Injury**

1. Have you ever lost consciousness after a hit to the head?  **Yes**  **No (skip to 7)**
2. How many times in your life?\_\_\_\_\_\_\_\_\_\_\_\_

The following questions are about the most severe incident:

1. How old were you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What was the cause?
   * In a fall
   * Being hit by something
   * From a fight/assault
   * Sports injury
   * Workplace accident
   * In a car accident
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How long was the loss of consciousness?
   * + Less than 30 min
     + 30 min to 24hrs
     + Greater than 24 hrs
     1. *If participant was unconscious for hours, days or months:* Did anyone tell you that you had woken up and talked during that time (even if you don’t remember the conversations)?  **Yes** **No**
4. When did you have a clear memory for what was going on after the event (length of post-traumatic amnesia)? For example, do you remember people helping you or being brought to hospital?
   * + Right after event
     + <24 hours
     + 1-7 days
     + More than 7 days
5. Did you go to the hospital?

* **Yes,** seen in emergency room and sent home
* **Yes,** admitted
  + Length of stay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **No** 
  + Did paramedics come? ** Yes  No**

1. Did you have any ongoing symptoms after the event, such as headaches, nausea, vomiting, blurred vision or change in vision, confusion, difficulty concentrating? ** Yes  No (skip to 7)** 
   * 1. **If yes,** how long did these last?
     + Less than 30 min
     + 30 min to 24hrs
     + Greater than 24 hrs

**Family History**

1. Is there a history of neurologic illness in your family such as Parkinson's Disease, Alzheimer's Disease, Huntington's Chorea, Multiple Sclerosis, Epilepsy?

** Yes**

|  |  |  |  |
| --- | --- | --- | --- |
| Parkinson's Disease: |  Yes |  No |  Don’t know |
| Alzheimer's Disease: |  Yes |  No |  Don’t know |
| Huntington's Chorea: |  Yes |  No |  Don’t know |
| Multiple Sclerosis: |  Yes |  No |  Don’t know |
| Epilepsy: |  Yes |  No |  Don’t know |

** No**

**Learning Disorders**

1. Did you ever have any difficulty learning early academic skills, like with reading or writing? ** Yes  No (skip to 9)**
2. **If yes,** self-reported academic difficulties:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If yes**, were you ever placed in classes to help you with these difficulties?

** Yes  No**

1. Did you ever have a professional diagnosis you with a learning disability?

*Please query each of the following explicitly:*

* Dyslexia ** Yes  No**
* Writing ** Yes  No**
* Math ** Yes  No**
* Attention deficit hyperactivity disorder ** Yes  No**
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If no to all skip to question 10.*

1. **If yes**, who diagnosed you?

* Family doctor
* Psychiatrist
* Psychologist
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you diagnosed as a child or as an adult? ** Child  Adult**
2. Why were you assessed for the condition?

* Following an injury
* Due to academic or other difficulties
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education History**

1. Were you ever held back a grade in school? ** Yes  No (skip to 11)**
2. **If yes,** why were you held back?

* Changed schools
* Academic or other difficulties
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you ever skip a grade in school? ** Yes  No (skip to 12)**
2. **If yes,** which grade? \_\_\_\_\_\_\_\_\_
3. How far did you go in school?

* University PhD, MD, or equivalent degree (20 years education)
* Law School completed (19 years education)
* University Master’s degree completed (18 years education)
* University Bachelor’s degree completed (16 years education)
* University/college 2 year diploma completed (14 years education)
* Certificate program or one year of university/college (1 year, full time)
* Number of equivalent full-time years in college/university if not obtaining a degree \_\_\_\_\_ (e.g., completed all 2nd year classes)
* Trade school (ALSO ASK ABOUT ANY OTHER EDUCATION, INCLUDING IF FINISH HIGH SCHOOL OR LAST GRADE COMPLETED
* High school graduation (12 years education)
* GED
* Less than high school graduation – last grade fully completed: \_\_\_\_\_\_\_\_\_

1. Are you currently going to school? **Yes No (skip to total years of education)**
2. **If yes,** where are you going?

* College
* Tech school
* University
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For staff: Write in the total years of education in the box. Guidelines for total years of education are provided at the end of this section. Please use only these guidelines when assigning total years of education.*

|  |
| --- |
| **Total years of education:** |

**Sleep**

1. How much sleep did you get last night?

* None (skip to 14)
* Less than an hour
* Between 1 hour and 4 hours
* Between 4 hours and 6 hours
* More than 6 hours

1. Is this more, less or the same sleep as usual?

* More than usual
* Less than usual
* Same

1. Do you feel tired right now?

* Yes
* No

1. In general, is your sleep usually restful or restless?

* Restful
* Restless

**STAFF ONLY: EDUCATION SPECIFICATION GUIDELINES**

1. If a person has graduated from high school, they are given credit for 12 years of education. If a person received a GED, they are given credit only for the number of years of formal education they actually completed. A person who obtains a GED and later returns to college can obtain a higher level of education if they complete at least one full year of coursework at a college level.
2. A person gets credit for all years of a four-year college that they have successfully completed, up to a maximum of 15 years, without a degree. A person gets credit for 16 years of education ONLY if they have obtained a Bachelor's degree (B.S. or B.A.). If a person has taken more than 4 years of coursework to obtain their Bachelor's degree, they still only receive 16 years of education.

Junior College (JC): A person who has obtained an Associate's degree (A.A.) receives 14 years of education. A person who has completed two full years in junior college and has successfully transferred to a four-year university and begun coursework toward a four-year degree, entering as a junior, would receive 14 years of education as well. All other individuals who have one year or more of full-time coursework at a junior college without an A.A. would only receive 13 years of education.

1. Time spent in Technical or Trade schools is not counted towards years of education. For our purposes, only count academic education.
2. A Master's degree counts as 18 years of education. If a person has completed 1 or more years of graduate work towards a Master's but has not obtained a Master's Degree, they only get credit for 17 years.
3. A Ph.D., D.D.S., D.V.M., or M.D. counts as 20 years of education. If the person actually has more than 20 years of education, as many will, record the actual number of years in parentheses, but the “official” number of years will be recorded as 20. The J.D. degree is generally counted as 19 years, but some will be allowed 20 years if they have completed specialized post-J.D. training. Individuals who are enrolled in a doctoral program, in good standing, and have completed at least two years of coursework would receive 18 years of education. They receive no more than 19 years until they complete their degree.

Examples:

*#* of years of education completed (e.g. 10) = # of years of education (10)

*#* of years of education completed (e.g. 10) + GED = # of years of education (10) 12 years of completed education, but no H.S. Diploma = 11

H.S. Diploma = 12

The equivalent of 1 full year of course work at JC = 13