

HEAD INJURY QUESTIONNAIRE

Student's Name:

School:

Date of Birth:

Grade:

Today's Date:

INTRODUCTION: According to the Center for Disease Control and Prevention (CDC), Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths, 2002-2006, "Traumatic brain injury (TBI) is an important public health problem in the United States. Because the complications that result from TBI, such as impaired cognition and memory, are often not readily apparent, and because awareness about TBI among the general public is limited, it is frequently referred to as the 'silent epidemic'."

Please answer the following questions:

1. Has your student had a concussion/blow to the head while playing sports or other activity that was treated by a health care professional?
Yes No If yes, when? _____
 2. Has your student ever been in an accident in which he/she was unconscious, confused or disoriented?
Yes No If yes, when? _____
 3. Has your student ever struck his/her head hard enough in a fall to be unconscious, confused or disoriented?
Yes No If yes, when? _____
 4. Are you aware of any instance in early childhood when, as a baby, he/she was difficult to wake?
Yes No If yes, when? _____
1. If you answered yes to any of the questions above, please answer the remaining questions:
- a) Approximately how long was your student unconscious, confused or disoriented? _____
 - b) Did you seek medical attention? Yes No
 - c) Was your student hospitalized? Yes No For how long? _____
 - d) May we have a Release of Information to obtain records from the hospital and/or doctors who treated your student for this head injury?
Yes No

Name and Location of Hospital(s):

Name and Location of Doctor(s):

I understand that the above information will be entered onto my student's health record and used only for the purpose of aiding in the creation and maintenance of a comprehensive educational plan. Confidentiality and FERPA laws apply to these documents, which limits access to only personnel working with the student.

Printed Name of Person Completing this Form: _____

Relationship to Student: _____

Signature: _____ Date: _____