

Timothy Jameson, D.C., 22179 Redwood Rd., Castro Valley, CA 94546  
510-582-5454

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## **Head Injury Questionnaire**

Patient - please answer both sides of this form.

1. Were you hit in a collision? NO/YES
2. Did you hit your head on anything? NO/YES If so, what?
3. What details of the accident do you remember?
  - A. Last memory prior to collision?
  - B. First memory after collision?
  - C. First continuous memory (without "holes")?
  - D. How long from last memory prior to accident to first continuous memory?
4. Were you unconscious? NO/YES Don't know. If so, for how long?
5. Were you disoriented or confused? NO/YES If so, for how long?
6. Did you feel sick to your stomach? NO/YES Did you vomit? NO/YES
7. Were you taken to the hospital in an ambulance? NO/YES
8. Were you in the emergency room? NO/YES
9. Did any of your doctors think you injured your head? NO/YES If yes, Doctor's name.
10. Circle any of the following test which you have had since the accident:
  - CT (or CAT) Scan
  - MRI Scan
  - EEG
  - ENG

***Patient fills out this and page 2.***

**Have you noticed any of the following symptoms/problems since the accident?  
N= No    Y= Yes**

***(Patient fill out this side)***

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

|  |       |                                    |       |
|--|-------|------------------------------------|-------|
| Concentration  | _____ | Loss of memory, short term         | _____ |
| Attention Span   | _____ | Slower thinking                    | _____ |
| Confusion  | _____ | Loss of creativity                 | _____ |
| Stuttering   | _____ | Difficulty following conversations | _____ |
| General processing ability                             | _____ | Difficulty understanding others    | _____ |
| Decreased ability to plan                              | _____ | Decreased academic functioning     | _____ |
| Cannot think as clearly as<br>before the accident      | _____ | reading, math, spelling, etc.      | _____ |
| Difficulty expressing ideas                            | _____ | Decreased comprehension            | _____ |
|  |       | Loss of intelligence               | _____ |
|  |       |                                    |       |
| Headaches  | _____ | Dizziness                          | _____ |
| Coordination problems                                  | _____ | More easily fatigued               | _____ |
| Change in sense of smell                               | _____ | Sense of taste or food altered     | _____ |
| Hearing loss   | _____ | Muscle weakness                    | _____ |
| Ringing in ears  | _____ | Sleep disturbance                  | _____ |
| Nausea   | _____ | Stomach distress                   | _____ |
| Vision problems (focusing,<br>flashlights blank spots) | _____ | Pain - any arm or leg              | _____ |
|  |       |                                    |       |
| Emotional explosiveness                                | _____ | Reduced stress tolerance           | _____ |
| Wide mood swings                                       | _____ | Depression                         | _____ |
| Irritability   | _____ | Personality changes                | _____ |
| Decreased judgment                                     | _____ | Temper problems                    | _____ |
| Negative attitudes                                     | _____ | Explosive irrational anger         | _____ |
| Argumentative  | _____ | More suspicious, paranoid          | _____ |
| Tactlessness   | _____ | Impatient                          | _____ |
| Poor taste in clothes, makeup                          | _____ | Defensive                          | _____ |
| Apathy   | _____ | Loss of initiative                 | _____ |
| Fearfulness  | _____ | Drop in self-esteem                | _____ |

**Please return to** Dr. Timothy Jameson, 22179 Redwood Rd., Castro Valley, CA 94546

**Have you (a family member or friend) noticed any of the following symptoms/problems of since the accident? N= No Y= Yes**

***(Family and friends fill out)***

**PATIENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

**RELATIONSHIP TO PATIENT:** \_\_\_\_\_

Concentration \_\_\_\_\_  
 Attention Span \_\_\_\_\_  
 Confusion \_\_\_\_\_  
 Stuttering \_\_\_\_\_  
 General processing ability \_\_\_\_\_  
 Decreased ability to plan \_\_\_\_\_  
 Cannot think as clearly as \_\_\_\_\_  
     before the accident \_\_\_\_\_  
 Difficulty expressing ideas \_\_\_\_\_

Loss of memory, short term \_\_\_\_\_  
 Slower thinking \_\_\_\_\_  
 Loss of creativity \_\_\_\_\_  
 Difficulty following conversations \_\_\_\_\_  
 Difficulty understanding others \_\_\_\_\_  
 Decreased academic functioning \_\_\_\_\_  
     reading, math, spelling, etc. \_\_\_\_\_  
 Decreased comprehension \_\_\_\_\_  
 Loss of intelligence \_\_\_\_\_

Headaches \_\_\_\_\_  
 Coordination problems \_\_\_\_\_  
 Nausea \_\_\_\_\_  
 Hearing loss \_\_\_\_\_

Dizziness \_\_\_\_\_  
 More easily fatigued \_\_\_\_\_  
 Sense of taste or food altered \_\_\_\_\_  
 Muscle weakness \_\_\_\_\_  
 Sleep disturbance \_\_\_\_\_  
 Stomach distress \_\_\_\_\_

Emotional explosiveness \_\_\_\_\_  
 Wide mood swings \_\_\_\_\_  
 Irritability \_\_\_\_\_  
 Decreased judgment \_\_\_\_\_  
 Negative attitudes \_\_\_\_\_  
 Argumentative \_\_\_\_\_  
 Tactlessness \_\_\_\_\_  
 Poor taste in clothes, makeup \_\_\_\_\_  
 Apathy (Don't Care Attitude) \_\_\_\_\_  
 Fearfulness \_\_\_\_\_

Reduced stress tolerance \_\_\_\_\_  
 Depression \_\_\_\_\_  
 Personality changes \_\_\_\_\_  
 Temper problems \_\_\_\_\_  
 Explosive irrational anger \_\_\_\_\_  
 More suspicious, paranoid \_\_\_\_\_  
 Impatient \_\_\_\_\_  
 Defensive \_\_\_\_\_  
 Loss of initiative \_\_\_\_\_  
 Drop in self-esteem \_\_\_\_\_

**Please return to** Timothy Jameson, D.C., 22179 Castro Valley Blvd., Castro Valley, CA