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REPORT OF CHANGES AND PROBLEMS AFTER BRAIN INJURY

Name of Client: _____ Date: _____

Instructions: Listed below are a number of items that may describe the way you felt before your injuries and the way you feel now. Read the words and put a check in the Before Box next to the item if it describes the way you felt before your injuries and a check in the Since Box if you feel that way now. If the item does not describe you either now or then, leave it blank.

If you check an item, either **Before** or **Since**, if possible give the name and address of at least one person who knows about this condition. Try to use different people for different conditions. The more credible the person, the more important we know about her or him. Finally, as to each item you have checked, briefly describe any changes or problems you have suffered as to that condition from the outset to the present.

PHYSICAL

	Before	Since
Weakness/Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Witness: _____		
Describe: _____		
Impaired coordination/balance	<input type="checkbox"/>	<input type="checkbox"/>
Witness: _____		
Describe: _____		
Vision:		
- double vision	<input type="checkbox"/>	<input type="checkbox"/>
Witness: _____		
Describe: _____		

Before Since

- blurriness

Witness: _____

Describe: _____

- visual field cuts

Witness: _____

Describe: _____

- inattention to one side of space

Witness: _____

Describe: _____

- trouble tracking/focusing

Witness: _____

Describe: _____

- altered visual perception

Witness: _____

Describe: _____

Difficulty hearing/Ringing in ears

Witness: _____

Describe: _____

Difficulty Swallowing

Witness: _____

Describe: _____

Before **Since**

Dizziness/Nausea

Witness: _____

Describe: _____

Headaches

Witness: _____

Describe: _____

Neck pain

Witness: _____

Describe: _____

Back pain

Witness: _____

Describe: _____

Sensitivity to light

Witness: _____

Describe: _____

Sensitivity to noise

Witness: _____

Describe: _____

Fatigue

Witness: _____

Describe: _____

Before Since

Sleeping more

Witness: _____

Describe: _____

Trouble falling or staying asleep

Witness: _____

Describe: _____

Reduced smell

Witness: _____

Describe: _____

Reduced taste

Witness: _____

Describe: _____

Seizures

Witness: _____

Describe: _____

Other physical changes and problems

Witness: _____

Describe: _____

Before Since

EMOTIONAL/BEHAVIORAL

Mood swings

Witness: _____

Describe: _____

Irritability

Witness: _____

Describe: _____

Depression/Withdrawal

Witness: _____

Describe: _____

Restlessness/Agitation

Witness: _____

Describe: _____

Passivity

Witness: _____

Describe: _____

Lack of motivation / initiation

Witness: _____

Describe: _____

Loss of interest in activities

Witness: _____

Describe: _____

Before **Since**

Poor impulse control

Witness: _____

Describe: _____

Anger outbursts

Witness: _____

Describe: _____

More easily prone to frustration or overload

Witness: _____

Describe: _____

Lability (less control of emotions)

Witness: _____

Describe: _____

Denial and poor awareness of problems/changes

Witness: _____

Describe: _____

Inappropriate social interaction (swearing, lack of tact, inappropriate eye contact, verbosity, etc.)

Witness: _____

Describe: _____

Hyper (more) sexuality

Witness: _____

Describe: _____

Before **Since**

Hypo (less) sexuality

Witness: _____

Describe: _____

Egocentric

Witness: _____

Describe: _____

Other emotional/behavioral changes and problems

Witness: _____

Describe: _____

COGNITION/COMMUNICATION

Disorientation to person, place, time

Witness: _____

Describe: _____

Confusion

Witness: _____

Describe: _____

Impaired short-term memory

Witness: _____

Describe: _____

Before **Since**

Impaired long-term memory

Witness: _____

Describe: _____

Inflexibility

Witness: _____

Describe: _____

Reduced concentration

Witness: _____

Describe: _____

Reduced attention

Witness: _____

Describe: _____

Difficulty doing more than one thing at a time

Witness: _____

Describe: _____

Reduced math skills

Witness: _____

Describe: _____

Perseveration (getting “stuck” on a certain topic, task, word)

Witness: _____

Describe: _____

Before Since

Difficulty staying on task or on topic

Witness: _____

Describe: _____

Impaired judgment and problem-solving skills

Witness: _____

Describe: _____

Inconsistent performance

Witness: _____

Describe: _____

Difficulty with generalization and carry-over of new learning

Witness: _____

Describe: _____

Sequencing problems

Witness: _____

Describe: _____

Disorganization

Witness: _____

Describe: _____

Before Since

Difficulty with abstract thinking and reasoning skills

Witness: _____

Describe: _____

Slowed thinking

Witness: _____

Describe: _____

Increased rate of performance

Witness: _____

Describe: _____

Decreased rate of performance

Witness: _____

Describe: _____

Slurred speech

Witness: _____

Describe: _____

Changes in voice quality (nasal, hoarse, breathy, etc.)

Witness: _____

Describe: _____

	Before	Since
Language	<input type="checkbox"/>	<input type="checkbox"/>

Witness: _____

Describe: _____

- Difficulty with word order and grammar	<input type="checkbox"/>	<input type="checkbox"/>
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Witness: _____

Describe: _____

- Decreased auditory comprehension	<input type="checkbox"/>	<input type="checkbox"/>
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Witness: _____

Describe: _____

- Decreased comprehension of abstract material	<input type="checkbox"/>	<input type="checkbox"/>
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Witness: _____

Describe: _____

- Increased difficulty with reading (including slower reading and poor reading comprehension)	<input type="checkbox"/>	<input type="checkbox"/>
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Witness: _____

Describe: _____

- Increased difficulty with writing, including spelling difficulties	<input type="checkbox"/>	<input type="checkbox"/>
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Witness: _____

Describe: _____

Other cognition/communication changes and problems	<input type="checkbox"/>	<input type="checkbox"/>
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Witness: _____

Describe: _____