

A Checklist for Brain Injury Problems & Symptoms

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This checklist is a tool. It can help you prepare for a visit with your doctor - or others - by helping you identify the difficulties you are facing since your brain injury. It does not list every single problem that can come about after a brain injury – so there are a few blank lines at the end of each section.

Sometimes a brain injury can make it hard for the person who has one to see the extent of changes; or you may not see *all* the changes. It can be helpful for the person with the brain injury and a trusted family member or friend to each complete their own copy, then compare answers.

Instructions: The following is a partial list of impairments that can occur with a brain injury. Place a check mark beside each impairment in the column that indicates how often the problem occurs.

Depending on what you are using this checklist for, you may wish to include additional information in the last column. This can include notations such as:

- When is the problem most likely to occur (for example, when you're tired, or when you don't take your medicine as prescribed).
- Does anything help improve the problem or make it worse?

CHECK HOW OFTEN – IF AT ALL – YOU EXPERIENCE EACH OF THE FOLLOWING:

Cognitive and Communication Difficulties	Several times a day	Daily or Several times a week	Once a week or less	Never or very rarely a problem	When is it most likely to occur? Example? Does anything improve or worsen the problem?
Memory problems					
Difficulty concentrating					
Doesn't know what day it is					
Hard to stick with a task until it's completed					
Trouble focusing with background noise activity					
Misplacing or difficulty tracking things					
Difficulty making decisions					
Difficulty solving problems					
Difficulty understanding spoken instructions					
Difficulty understanding written instructions					
Difficulty finding the right words					
Trouble pronouncing words					

	Several times a day	Daily or Several times a week	Once a week or less	Never or very rarely a problem	When is it most likely to occur? Example? Does anything improve or worsen the problem?
Unintentionally repeating the same remarks					
Difficulties doing simple math					
Mental rigidity (hard time thinking in a flexible way)					
Deficits in processing information					
Difficulty sequencing what needs to be done (doing it in the right order)					
Difficulty planning ahead					
Difficulty starting or initiating things					
Difficulty handling work requirements					
Difficulty handling school requirements					
Having to check and re-check what you do					
Disoriented by slight changes in daily routine					
Unsure about things that you know well					
Difficulty learning new things					
Impaired attention to details					
Impaired ability to learn from experience					
Inappropriate responses to people & things					
Other:					
Psychological Difficulties					
Easily agitated or irritated					
Feelings of depression					
Persistent anxiety					
Withdrawal or social isolation					
Laughing or crying without apparent cause					

	Several times a day	Daily or Several times a week	Once a week or less	Never or very rarely a problem	When is it most likely to occur? Example? Does anything improve or worsen the problem?
Insensitive to others' feelings or what's happening around you					
Mood swings					
Shouting or throwing things					
Temper outbursts that you could not control					
Other:					
Physical Difficulties					
Headaches or head pains					
Seizures					
Loss of balance					
Awkwardness or clumsiness					
Easily fatigued and/ or sleeping a lot more than usual					
Numbness or tingling in parts of your body					
One-sided weakness					
Restlessness, unable to sit still					
Decreased tolerance for alcohol and drugs					
Increased use of alcohol and/or drugs					
Appetite disturbances					
Trouble falling asleep					
Awakening during the night					
Slowed reaction time					
Difficulty or loss of smell & taste					
Sensitivity to temperature shifts					

	Several times a day or more	Daily or Several times a week	Once a week or less	Never or very rarely a problem	When is it most likely to occur? Example? Does anything improve or worsen the problem?
Double vision					
Diminished night vision					
Sensitivity to light					
Other vision changes (specify)					
Difficulty relaxing					
Sensitivity to sound or noise					
Increased sexual activity					
Decreased sexual activity					
Other:					
Independent Living Skills Difficulties					
Trouble with writing checks					
Difficulty budgeting money					
Difficulty counting money/making change					
Difficulty planning & preparing a meal					
Problems planning a shopping list					
Difficulty taking care of children					
Other:					
Other Areas of Difficulty:					

Resources

The Brain Injury Checklist, online article of the Brain Injury Resource Center www.headinjury.com

Rocchio, C., Fleming, P., Mountz, E. (2005), *Adults Living with Brain Injury*, Lash and Associates

This article is provided by the Brain Injury Association of Virginia (BIAV) and is for informational and educational purposes only.

For more information about brain injury or services and resources in Virginia, please contact BIAV:

Toll-free Help-line: (800) 444-6443 ♦ E- mail: info@biav.net ♦ Website: www.biav.net