1. Does participant/subject display the following TBI symptom or sign?
2. Headache [ ]  Yes [ ]  No [ ]  Unknown
3. Nausea [ ]  Yes [ ]  No [ ]  Unknown
4. Vomiting [ ]  Yes [ ]  No [ ]  Unknown
5. Balance problems [ ]  Yes [ ]  No [ ]  Unknown
6. Fatigue [ ]  Yes [ ]  No [ ]  Unknown
7. Sensitive to light [ ]  Yes [ ]  No [ ]  Unknown
8. Sensitive to noise [ ]  Yes [ ]  No [ ]  Unknown
9. Numbness/tingling [ ]  Yes [ ]  No [ ]  Unknown
10. Drowsiness [ ]  Yes [ ]  No [ ]  Unknown
11. Sleeping less than usual [ ]  Yes [ ]  No [ ]  Unknown
12. Sleeping more than usual [ ]  Yes [ ]  No [ ]  Unknown
13. Difficulty falling asleep [ ]  Yes [ ]  No [ ]
14. Feeling mentally foggy [ ]  Yes [ ]  No [ ]  Unknown
15. Feeling slowed down [ ]  Yes [ ]  No [ ]  Unknown
16. Difficulty concentrating [ ]  Yes [ ]  No [ ]  Unknown
17. Difficulty remembering [ ]  Yes [ ]  No [ ]  Unknown
18. Irritability [ ]  Yes [ ]  No [ ]  Unknown
19. Sadness [ ]  Yes [ ]  No [ ]  Unknown
20. More emotional [ ]  Yes [ ]  No [ ]  Unknown
21. Nervousness [ ]  Yes [ ]  No [ ]  Unknown
22. Other, specify [ ]  Yes [ ]  No [ ]  Unknown

## Additional Supplemental Elements:

These elements may be included if relevant to the study. For additional details like permissible values, see the data dictionary associated with this CRF**.**

* TBI symptom or sign category
* TBI symptom or sign rating code (adult only)
* TBI symptom worsens with cognitive activity indicator (adult only)
* TBI symptom worsens with physical activity indicator (adult only)
* Orientation to person result
* Orientation to place result
* Orientation to time result