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**Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID)**

<b>Availability:</b>	<p><b>Freely available through the OSU website:</b> <a href="#">Click here for the OSU TBI ID website.</a></p> <p>Please be sure to use the link above when accessing the form.</p> <p>The OSU TBI-ID may be used free of charge and without further permission as long as no changes are made to the provided version. Versions have been developed that vary in length; the OSU TBI-ID can be adapted for specific populations and situations.</p>
<b>Classification:</b>	<p>Basic – in TBI Epidemiology.</p> <p>Supplemental – in TBI Acute Hospitalized; Concussion/Mild TBI; and Moderate/Severe TBI: Rehabilitation.</p>
<b>Short Description of Instrument:</b>	<p>The Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID) is a standardized procedure to elicit the lifetime history of TBI for an individual. The instrument is based on Center for Disease Control and Prevention (CDC; National Center for Injury Prevention and Control, 2003) case definitions and recommendations for TBI surveillance.</p> <p>Different verbiage is used when self-reporting a TBI. To avoid confusion and errors in reporting, the OSU TBI-ID first asks for recollection of all injuries that required medical attention, or that should have been treated. The OSU TBI-ID then focuses on injuries to head or neck with mechanisms involving high velocity forces. The occurrence of altered states of consciousness, the nature of the changes, and age at the time of the injury are then determined. The OSU TBI-ID provides data for calculating summary indices reflecting the likelihood that consequences have resulted from lifetime exposure to TBI. OSU TBI-ID Short Form can be used for clinical, research or programmatic purposes.</p> <p><b>Administration method:</b> Interview, either by telephone or face-to-face.</p> <p><b>Administration time:</b> Short Form is typically administered in about 5 minutes.</p>

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<b>Scoring:</b>	<p>Score is broken down into the following categories:</p> <p><b>Number of Injuries with Loss of Consciousness (LOC):</b> Number of injuries with LOC (count total less than 30 min, 30 min to 24 hrs, greater than 24 hrs) Number of injuries with LOC greater than or equal to 30 min (count total greater than or equal to 30 min, greater than 24 hrs)</p> <p><b>Age at First Injury with LOC:</b> Age at first injury with loss of consciousness First injury with loss of consciousness occurred before age 15 (yes=1, no=0)</p> <p><b>Classifying Worst Injury:</b> 1 = IMPROBABLE TBI – if interview all questions #1-5 are “no” or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses. 2 = POSSIBLE MILD TBI WITHOUT LOC - if in response to question #6, interview data reports being dazed or having a memory lapse 3 = MILD TBI WITH LOC - if in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury 4 = MODERATE TBI - if in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours 5 = SEVERE TBI - if in response to question #6, interview data reports LOC for any one injury exceeds 24 hours</p> <p><b>Number of Anoxic Injuries:</b> Total the number of times with LOC due to drug overdose or being choked</p> <p><b>Interpretation of Scores</b> The scores are indicators of lifetime exposure to TBI. The following are associated with the likelihood that the person is experiencing cognitive and behavioral consequences from the injury(s).</p> <p><b>Number of injuries</b> Multiple lifetime injuries (including multiple mild injuries) are associated with greater cognitive and behavioral difficulties. However, more important than the number of injuries may be whether they occurred so close together that a person had not healed from the first when the next one happened.</p> <p><b>Age at first injury with loss of consciousness</b> Injuries with LOC occurring before 15 years of age are associated with greater cognitive and behavioral difficulties. There is some evidence that the earlier in life a TBI is experienced the greater the effect on later behavior, especially self-control.</p> <p><b>Severity of injury</b> More severe injuries are associated with greater cognitive and behavioral difficulties. Moderate and severe TBI's are certain to leave some permanent effects, even if the person recovered remarkably. Mild TBIs, especially those that cause more than momentary loss of consciousness may also have long-term effects.</p> <p><b>Anoxic Injuries</b> Anoxic injuries are associated with cognitive and behavioral difficulties, especially problems with memory and concentration.</p>
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<b>References:</b>	<p>Bogner JA, Corrigan JD (2009). Reliability and validity of the OSU TBI Identification Method with Prisoners. <i>J Head Trauma Rehabil</i>, 24(6):279-291.</p> <p>Corrigan JD, Bogner J (2007). Screening and identification of TBI. <i>J Head Trauma Rehabil</i>, 22(6):315-317.</p> <p>Corrigan JD, Bogner JA (2007). Initial reliability and validity of the OSU TBI Identification Method. <i>J Head Trauma Rehabil</i>, 22(6):318-329.</p> <p>Diamond PM, Cumming AG, Magaletta PR, Frankowski R, Levin H, Pedrosa C (2007). Screening for traumatic brain injury in a sample of federal offenders: A first look at the reliability and validity of the Traumatic Brain Injury Questionnaire (TBIQ). <i>J Head Trauma Rehabil</i>, 22(6):330-338.</p> <p>National Center for Injury Prevention and Control (2003). Report to Congress on Mild Traumatic Brain Injury in the United States: Steps to Prevent a Serious Public Health Problem. Atlanta, GA, Centers for Disease Control and Prevention.</p> <p>Setnik L, Bazarian JJ (2007). The characteristics of patients who do not seek medical treatment for traumatic brain injury. <i>Brain Inj</i>, 21(1):1-9.</p> <p>Warner M, Barnes PM, Fingerhut LA (2000). Injury and poisoning episodes and conditions: National Health Interview Survey, 1997. <i>Vital Health Stat</i>, 10(202):1-3.</p> <p>Warner MPM, Schenker N, Heinen MA, Fingerhut LA (2005). The effects of recall on reporting injury and poisoning episodes in the National Health Interview Survey. <i>Inj Prev</i>, 11:282-287.</p>
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