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 [ ] Unknown
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.

1. TBI symptom or sign category:

[ ] Physical

[ ] Sleep

[ ] Cognitive

[ ] Emotional

[ ] Other

1. TBI symptom or sign rating code (*adult only*): [ ] 1 (Normal) [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 (Very Different)
2. TBI symptom worsens with cognitive activity *(adult only*): [ ] Yes [ ] No [ ] Unknown
3. TBI symptom worsens with physical activity *(adult only*): [ ] Yes [ ] No [ ] Unknown
4. Orientation to person result: [ ] Abnormal [ ] Normal
5. Orientation to place result: [ ] Abnormal [ ] Normal
6. Orientation to time result: [ ] Abnormal [ ] Normal