

---

# COMMON INDICATORS OF A HEAD INJURY

by Dr. Glen Johnson  
Clinical Neuropsychologist  
(231) 929-8383  
<http://NewApproachesCenter.com/>  
<http://tbiguide.com/>

---

Name \_\_\_\_\_

Date \_\_\_\_\_

Please answer the following questions:

## HEADACHES

- Yes No Do you have an increase in the number of headaches since the injury or accident?
- Yes No Do you have pain in the temples or forehead?
- Yes No Do you have pain in the back of the head (sometimes the pain will start at the back of the head and extend over to the front of the head)?
- Yes No Do you have episodes of very sharp pain (like being stabbed) in the head which lasts from several seconds to several minutes?

## MEMORY

- Yes No Does your memory seem worse following the accident or injury?
- Yes No Do you seem to forget what people have told you 15 to 30 minutes ago?
- Yes No Do family members or friends say that you have asked the same question over and over?
- Yes No Do you have difficulty remembering what you have just read?

## WORD FINDING

- Yes No Do you have difficulty coming up with the right word (you know the word that you want say but can't seem to "spit it out")?

## FATIGUE

- Yes No Do you get tired more easily (mentally and/or physically)?
- Yes No Does the fatigue get worse the more you think or in very emotional situations?

**CHANGES IN EMOTION**

- Yes No Are you more easily irritated or angered (seems to come on quickly)?
- Yes No Since the injury, do you cry or become depressed more easily?

**CHANGES IN SLEEP**

- Yes No Do you keep waking up throughout the night and early morning?
- Yes No Do you wake up early in the morning (4 or 5 a.m.) and can't get back to sleep?

**ENVIRONMENTAL OVERLOAD**

- Yes No Do you find yourself easily overwhelmed in noisy or crowded places (feeling overwhelmed in a busy store or around noisy children)?

**IMPULSIVENESS**

- Yes No Do you find yourself making poor or impulsive decisions (saying things "without thinking" that may hurt others feelings; increase in impulse buying)?

**CONCENTRATION**

- Yes No Do you have difficulty concentrating (can't seem to stay focused on what you are doing)?

**DISTRACTION**

- Yes No Are you easily distracted (someone interrupts you while you are doing a task and you lose your place)?

**ORGANIZATION**

- Yes No Do you have difficulty getting organized or completing a task (leave out a step in a recipe or started multiple projects but don't complete them)?

\_\_\_\_\_ **Total Number of Yes Answers**

*If you have 5 or more Yes answers, discuss the results of this test with your doctor.*