

Comprehensive Brain Injury Assessment

Form 4-1 CBIA, **Version 3.0**



Utah Department of ~~HDOWKDQ~~ Human Services
Division of Services for People with Disabilities

Table of Contents

Instructions To The Reviewer.....	3
Identifying Information	6
Signatures.....	7
Section A. Memory, Cognition, Communication and Employment Rating	7
Section B. Activities of Daily Life	17
Section C. Incidental Activities of Daily Life.....	19
Section D. Judgment.....	20
Section E. Self-Protection	22
Section F. Mental Health.....	24
Section G. Behavioral and Emotional Deficits	25
Section H. Medication Management.	27
Section I. Medication Issues.....	27
Section J. Health Conditions.....	29
Section K. Long Term Memory.....	30
Section L. Attention Rating.....	31
CBIA Scoring Sheet	32
Index	34

INSTRUCTIONS TO THE REVIEWER:

Introduction:

Trauma Informed Definition and Goal

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. .

(Definition from: Substance Abuse and Mental Health Services Administration SAMSHA; Working Definition of Trauma; 12/10/2012)

It is our goal during this assessment to ensure each individual is addressed in a trauma informed way

The Comprehensive Brain Injury Assessment is used by the Division of Services for People with Disabilities (DSPD) to determine an individual's eligibility and identify the applicable seven substantial functional limitations required by Utah Statute and Administrative Rule. This paper version of the assessment should be used only when the reviewer is unable to use the electronic version available in USTEPS, or when the individual seems to be uncomfortable with the use of a computer during the interview.

The electronic version reduces the time it takes to complete the assessment, is less confusing to participants, eliminates scoring errors, and easily summarizes the substantial functional limitations affecting the individual.

The questions in this assessment are organized as follows by functional area:

- Section A: Memory, Cognition, Communication, and Employment Rating
- Section B: Activities of Daily Life
- Section C: Incidental Activities of Daily Life
- Section D: Judgment
- Section E: Self-Protection
- Section F: Mental Health
- Section G: Behavior and Emotional Deficits
- Section H: Medication Management
- Section I; Medication Issues
- Section J: Health Conditions
- Section K: Long Term Memory
- Section L: Attention Rating

As you administer the assessment please note the following:

Yellow highlighted text contains the script for the reviewer to use in asking each question or making a statement to the individual. Please read the yellow highlighted text out loud as written while administering the assessment. It is absolutely essential that the yellow highlighted sections in the assessment are presented as written. Please only use text in yellow fields as is provided.

Salmon highlighted text contains the script for the reviewer to use in asking each question or making a statement to the individual's caregiver. Please read the salmon highlighted text out loud as written while administering the assessment. It is absolutely essential that the salmon highlighted sections in the assessment are presented as written. Please only use text in salmon fields as is provided.

The reviewer must ensure full attention of the individual during the direct interview.

Ground rules for the assessment:

Trust and respect are central to any relationship, including trauma informed relationships. Trust and respect are earned in part from creating a sense of safety between the individual and the reviewer. In order to create a sense of safety, trust and respect, a few ground rules are necessary to establish an effective trauma informed relationship between the individual and the reviewer, Please remember, the person is not the problem, the problem is the problem.

The following guidelines will help you assess in such a way as to be supportive and avoid negative Input:

- 1) Come prepared
Know as much as possible about the individual to make the individual as comfortable and safe as possible in whatever setting they are residing at the time of the assessment. Identify, if possible, what makes them feel safe and what does not.

- 2) Switching off your cell phone
Shut off any devices that may be distracting to the interview phase. Also do not attempt to view your messages, or even answer calls.
- 3) Start assessment on time
- 4) Clearly define the process of the assessment
 - Seating Arrangement and eye contact
To maintain objectivity during the assessment it is imperative that the individual has direct eye contact with the reviewer and responds. It is okay to have caregivers close by as the individual may feel safer in their presence. Caregiver input is requested after the assessment.
 - Breaks
It is okay to give the individual a short break.
- 5) Neutrality during the Interview
 - Avoid comments such as: Fine, OK, Alright, Wonderful or Rubbish, Awful, Terrible (Do not judge a response).
 - Say "thank you" to the individual for their response
 - Do not grade responses
 - Respect any responses
- 6) Calculating the score
Scoring will take place after thorough review of CBIA sections assigned to caregivers and review of medical documentation in the individuals file. DO NOT SCORE AT TIME OF DIRECT INTERVIEW WITH INDIVIDUAL.
Scores are calculated by marking error checkboxes and recording the given number on questions determining needed level of supports. Each error box that is checked by the reviewer adds one-point up towards the total score. This includes the "No Response" box where you would give the max error score on questions A1 through A17, K1. A non-responding person challenges interviewing skills of all professionals. Because of this, it becomes difficult to determine an appropriate score. Do not feel bad, when a person does not respond back to you. It does not make you a bad professional. The reason for not responding may be due to (headache, fatigue, person is just having a bad day, angry, does not like you). The reviewer may turn to the caregiver or to medical or other applicable documentation to get the needed information if possible, after the direct interview with the individual. Use your professional judgment, if the situation is that the individual has a bad day, or does not relate well to you, it may be better to re-schedule the assessment for another day or with another interviewer.
Reviewers assure accuracy by carefully and attentively marking all applicable errors and by selecting the appropriate level of support reported. **Suggestion:** Use a pencil until you have completed the interviews with the individual and caregiver as well as reviewed relevant documentation and then score the assessment, using your professional judgment.

Areas of potential functional limitation are evaluated by each assessment question. The reviewer must follow-up with individuals caregivers (ask the caregiver...), when an answer is in error or indicates some needed level of supports to function. The follow-up question is listed for the reviewer's convenience after each question response. Conditions found to have existed before the brain injury should be scored as zero to indicate that the condition existed prior to the brain injury, and therefore was not caused by the brain injury. **In cases where the brain injury may have increased (exacerbated) the severity of a pre-existing condition to the point of making a significant impact on the individual's level of functioning the reviewer records the score as if there was not a pre-existing issue.** It is the reviewer's responsibility to determine whether the conditions identified occurred before the brain injury and whether or not these conditions worsened or exacerbated due to the brain injury.

Instructions for Assessing Individuals with Physical, Visual or Speech Impairments:

Physical Impairment:

Individuals with a brain injury may also experience physical impairment in addition to the brain injury, which impacts the individual's physical capacity to move, coordinate actions, or perform physical activities in one or

more of the following areas: physical and motor tasks; independent movement; and performing basic life functions.

Questions A 7, A 8, and A 18 should be modified to accommodate individuals impacted by physical impairments. Please note: if the individual was physically impacted prior to the brain injury, questions A 7, A 8, and A 18 should be scored as "0". Specific instructions are given under each question under "Note."

Visual Impairment:

Individuals with a brain injury may also experience visual impairment in addition to the brain injury. This functional loss may result in the individual being partially sighted, having low vision, being legally blind or being totally blind.

When entering the room, identify yourself to the individual. When giving directions, say, "this question is for you." Be specific and speak in a normal voice; most people with vision impairments do not have hearing loss. Speak to the individual, not through a third party. Use the individual's name when directing the questions to the individual.

Questions A 6, A 7, A 8, A 19, A 11, A 17, and A 18 should be modified to accommodate individuals with visual impairments. Please note, if the individual was visually impaired prior to the brain injury, questions A 6, A 7, A 8, A 19, A 11, A 17, and A 18 should be scored as "0": Specific instructions are given under each question under "Note."

Speech Impairment:

Individuals with brain injury may also experience speech impairment in addition to the brain injury. Speech impairment refers to an impaired ability to produce speech sounds and may range from mild to severe. It may include: an articulation disorder, characterized by omissions or distortions of speech sounds; a fluency disorder, characterized by atypical flow, rhythm, or repetitions of sounds; or a voice disorder, characterized by abnormal pitch, volume, resonance, vocal quality, or duration.

Give the individual time to respond to your questions. If you know of the severity of the speech impairment you may want to ensure that someone who knows the individual is present to help interpret.

Questions A1- A5; A9- A17; and A19- A30; K1 should be modified to accommodate individuals with speech impairments. For the remainder of the assessment have the individual show you his/her responses on the handout.

Please note that if the individual had a speech impairment prior to the brain injury, the following questions should be scored as "0": A26. Specific instructions are given under each question under "Note."

Signature Page CBIA Form 4-1

SIGNATURE

PRINTED NAME

RELATIONSHIP TO INDIVIDUAL

DATE

Comprehensive Brain Injury Assessment (CBIA)

Section A. Questions A1-A30: Memory, Cognition, Communication and Employment

Rating:

Note to Section A:

Questions A1 through A18 and K1 have a selection box marked "Correct Answer" followed by examples of acceptable correct answers. If the answer given is correct the reviewer marks the "Correct Answer" selection box and goes to the next question. If the answer given is incorrect, the reviewer must mark the "Error" selection box. The reviewer must record the incorrect response given by entering it in the response field following the "Error" selection box, or checking the appropriate corresponding selection box with the incorrect response where provided. If the individual gave no response to the question, the "No Response" selection box is marked. The bold red color text alerts the reviewer to the "Error" selection boxes, the error response field and the "No Response" selection box. If the individual indicates that he/she does not know the answer, or the answer is unknown, this is written into the error response field and the reviewer must mark the "Error" selection box.

Questions A19 through J14 will use the rating scale illustrated on page 15 and in the top page of the handouts. **IMPORTANT: Handout for the individual will not show underlined definitions in order to protect her/him to prevent possible stress and retraumatization.**

A1. Memory: The reviewer reads a list of three (3) objects at a rate of one (1) per second, giving the following instructions:

Note: For individuals with speech impairments

Have the individual write the three objects down on a piece of paper

Say: This is a memory test. I am going to name three objects that you will have to remember now and two more times after this. Listen carefully. When I am through, I want you to repeat the three objects back to me **three times in the same order**. Then at a later time I will ask you again to repeat those objects back to me in the same order again three times. The three objects are: Fish, Hook, Shoe. Please repeat them now for me in order three times.

CORRECT ANSWER: **Fish, Hook, Shoe** (stated THREE TIMES and in the CORRECT ORDER)

Maximum Errors= 3

ERROR: forgot fish, forgot hook, forgot shoe, out of order, not repeated 3 times
ERROR/ Response: _____

No Response _____

Ask the caregiver: Was the individual able to remember lists of three before the brain injury?

Yes No Unknown

Comment:

Note: Next Memory Question (Recall of three objects) is **question A16**. The last one is **question K1**.

Score: ____

A2. Awareness of location or Spatial awareness:

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper

Maximum Errors= 5

Say: What country do you live in? CORRECT ANSWER: United States, USA, America, Home of the Free, or other recognizable variation;

ERROR/ Response: _____

No Response: _____

Say: What state do you live in? CORRECT ANSWER: Utah, Deseret, or other recognizable variation;

ERROR/ Response: _____

No Response: _____

Say: What city do you live in? CORRECT ANSWER: Name of City, Town or County;

ERROR/ Response: _____

No Response: _____

Say: Where are we now? CORRECT ANSWER: "At my home", "Hospital", "Office", etc;

ERROR/ Response: _____

No Response: _____

Say: What is the address here? CORRECT ANSWER: Reasonable approximation of address.

ERROR/ Response: _____

No Response: _____

Ask the Caregiver: Was the individual able to remember where he/she was before the brain injury?

Yes No Unknown

Comment:

Score: ____

A3. What is the year, season, month, day, date?

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper

Maximum Errors= 5

Say: Can you tell me what year it is? CORRECT ANSWER: 201_;

ERROR/ Response: _____

No Response: _____

Say: What season it is? CORRECT ANSWER: **SPRING, SUMMER, FALL, WINTER**

ERROR/Response: _____

No Response: _____

Say: What month is it? CORRECT ANSWER: January through December

ERROR/ Response: _____

No Response : _____

Say: What day of the week is it? CORRECT ANSWER: Monday through Sunday

ERROR/ Response: _____

No Response: _____

Say: What is today's date? CORRECT ANSWER: 1-31

ERROR/ Response: _____

No Response: _____

Ask the caregiver: Was the individual able to remember the year, season, month, day and date of the week before the brain injury?

Yes No Unknown

Comment:

Score: ____

A4. Name five items.

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper

Say: Please name five items you should take with you to the beach. [] CORRECT ANSWER: Lists five appropriate items (e.g. swim suit, towel, ice, food, water/pop/juice/beer/wine, firewood, surfboard, body board, sunscreen, umbrella, folding chair, bucket, shovel, sail, kite, etc)

Maximum Error= 5

ERROR: Missed []1 []2 []3 []4 []5 ERROR/ Response: _____

[] No Response: _____

Ask the caregiver: Was the individual able to remember what to take to the beach before the brain injury?

[] Yes [] No [] Unknown

Comment:

Score: ____

A5. Name three things.

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper

Say: Please name three things you should do before you leave your home on a vacation..

[] CORRECT ANSWER: states three appropriate things to do (pack a suitcase, make travel arrangements, leave key with a friend, neighbor, or family member, ask someone to pick up newspaper/mail; stop newspaper/mail; arrange for house sitter/pet sitter; let family/friends know about trip; remove garbage from house, remove items that may spoil from refrigerator/house, etc.)

Maximum Error= 3

ERROR: []1 []2 []3 ERROR/ Response: _____

[] No Response: _____

Ask the caregiver: Was the individual able to remember what arrangements to make before leaving on vacation before the brain injury?

[] Yes [] No [] Unknown

Comment:

Score: ____

A6. Draw the Pattern.

Please use Handout # 1 for this exercise.

Timing: Should not take longer than 5 minutes.

Show the individual Handout # 1.

Note: For individuals with physical impairments

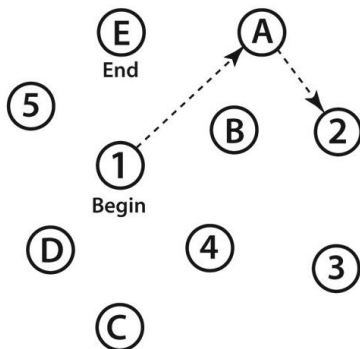
Place the handout in front of the individual and instruct the individual to direct you or a caretaker to follow the individual's instructions in connecting the lines between the circles.

Note: For individuals with visual impairments

Give a scenario where the individual needs to use their sequencing skills or tell them a quick story like Goldilocks. Have the individual relate the sequence back to you, or retell the story by indicating the key elements:

Goldilocks comes in; she eats the porridge; she breaks the chair; she falls asleep; the bears come home; And so on.

The list the individual share does not need to tell the whole story, but it should provide the key elements, in order, and demonstrate whether the individual is able to place the elements in the proper sequence.



Say: Please draw a line, going from a number to a letter in ascending order. Begin here [point to (1)] and draw a line from 1 then to A then to 2 and so on. End here [point to (E)].

[] CORRECT ANSWER: **successfully draws the following pattern: 1-A 2- B- 3- C- 4- D- 5- E, without drawing any lines that cross.**

Maximum Error: 1

ERROR(S): [] out of order, [] started correctly but did not complete [] 5 minutes time expired [] lines crossed

ERROR Response: _____

[] No Response: _____

Ask the caregiver: Was the individual able to follow a pattern like this before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: _____

A7. Copy the Cube.

Please use Handout #2 for this exercise.

Timing: Should not take longer than 5 minutes.

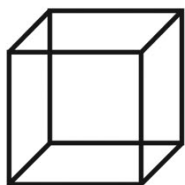
Show the individual Handout # 2.

Note: For individuals with physical impairments

If the individual is not physically able to copy the cube, score it with one (1) max error point.

Note: For individuals with visual impairments

Leave this question out of the assessment and score it with a one (1) max error point.



(While pointing to the cube: Say: Please **copy this drawing** as accurately as you can, on this paper I have for you.

[] CORRECT ANSWER: **successfully draws a three dimensional cube (can be slightly distorted as long as the shape is square or rectangular)**

Maximum Error= 1

ERROR(S): [] not three dimensional, [] missing lines [] lines not parallel [] lines not square or rectangular [] 5 minute time expired

ERROR Response: _____

[] No Response: _____

Ask the caregiver: Was the individual able to draw a cube before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: _____

A8. Draw a Clock.

Please use Handout # 3 for this exercise (A piece of paper)

Timing: Should not take longer than 5 minutes.

Show the individual Handout # 3.

Note: For individuals with physical impairments

Ask the individual instruct you or a caregiver on what the clock should look like. It is okay if you or the caregiver draw the clock for the individual provide you do so by following the individual's instructions.

Note: For individuals with visual impairments

Ask the individual to instruct you or a caregiver on what the clock should look like. It is okay if you or the caretaker draw the clock for the individual per the individual's instructions.

Say: I would like you to draw a round clock (contour), put in all the numbers, and set the hands for 10 minutes after 11.

CORRECT ANSWER: **successfully draws clock with 1-12 or I-XII in correct positions, hands set correctly; (circle can be slightly distorted as long as the shape is round).**

Maximum Error= 3

ERROR: not round, numbers are missing, or are out of order, or 0 or >12, hands not set correctly, 5 minute time expired

ERROR Response: _____

No Response: _____

Ask the caregiver: Was the individual able to draw a clock and set the time before the brain injury?

Yes No Unknown

Comment: _____

Score:___

A9. Name the animals.

Please use Handout # 4 for this exercise.

Timing: Should not take longer than two minutes.

Show the individual Handout # 4.

Note: For individuals with visual impairments

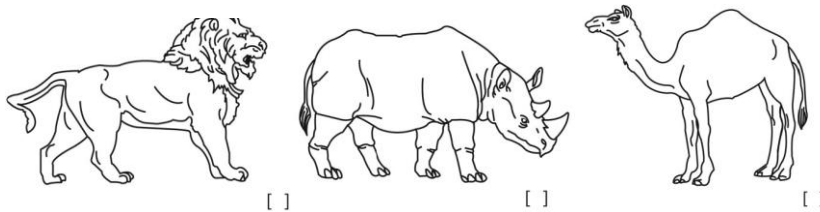
Leave this question out of the assessment and score it with three (3) max error points.

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper

Tell individual: **Beginning on the left, point to each figure and say:** Say: Please tell me the names of these animals.

Maximum Error= 3



CORRECT ANSWER: (1) lion, (2) rhinoceros, or rhino, (3) camel or dromedary.

ERROR/ Response: lion _____, rhino _____, camel/ dromedary _____, 2 minute time expired No Response: _____

Ask the caregiver: Was the individual able to identify the names of common animals like these before the brain injury?

Yes No Unknown

Comment: _____

Score:___

A10. To make the car go faster.

Note: For individuals with speech impairments

Have the individual write his/her answer down on a piece of paper (blank sheet)

Say: Please complete the statement: To make the car go faster, Larry stepped on the _____.

[] CORRECT ANSWER: Gas, pedal, accelerator, fuel, petrol, nitro, cruise control, etc.

Maximum Error= 1

[] ERROR/Response: _____

[] No Response: _____

Ask the caregiver: Was the individual able to identify what causes a car to accelerate before the brain injury?

[] Yes [] No [] Unknown

Comment:

Score: ____

A11. What does not belong on the list?

Please use Handout # 5 for this exercise.

Show the individual Handout # 5.

Note: For individuals with visual impairments

Read out loud the items on the list of Handout #5 and have the individual tell you which of those items does not belong on the list.

Note: For individuals with speech impairments

Have the individual write his/her answer down on a piece of paper, or circle the answer

Say: What does not belong on this list? Soap, Water, Typewriter, Sponge.

[] CORRECT ANSWER: Typewriter.

Maximum Error= 1

ERROR: [] Soap, [] Water, [] Sponge; ERROR/ Response: _____

[] No Response: _____

Ask the caregiver: Was the individual able to distinguish items that did not belong to a group before the brain injury?

[] Yes [] No [] Unknown

Comment:

Score: ____

A12. World.

Note: For individuals with speech impairments

Have the individual write his/her answer down on a piece of paper

Say: Now I am going to spell a word forward and I want you to spell it backwards. The word is W-O-R-L-D. Please spell it in reversed order.

[] CORRECT ANSWER: D, L, R, O, W.

Maximum Error= 5

ERROR: Missed []D, []L, []R, []O, []W; [] Not in order;

ERROR/ Response: _____ [] No Response: _____

Ask the caregiver: Was the individual able to spell words backwards before the brain injury?

[] Yes [] No [] Unknown

Comment:

Score: ____

A13. Repeat the numbers.

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper.

For individuals with hearing impairments, show the individual the number sequence for a brief moment and then have him/her write down the answers on a piece of paper.

Say: I am going to tell you a number sequence. After I have finished telling you the sequence, please repeat the numbers 2, 1, 8, 5, 4.

CORRECT ANSWER: 2, 1, 8, 5, 4.

Maximum Error= 5

ERROR: Missed 2, 1, 8, 5, 4, Not in Order; ERROR/ Response: _____

No Response: _____

Ask the caregiver: Was the individual able to remember and repeat a series of numbers before the brain injury?

Yes No Unknown

Comment:

Score: ____

A14. Serial 7's.

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper

Say: Please start at 0 and count forward by seven stopping after five answers.

CORRECT ANSWER: 7 14 21 28 35

Maximum Error= 5

ERROR: Missed or did not know 7 14 21 28 35

ERROR/ Response: _____

No Response: _____

Ask the caregiver: Was the individual able to add by intervals of seven (7) before the brain injury?

Yes No Unknown

Comment:

Note: Each result, to a maximum of 5 responses, is scored independently for accuracy. Meaning $0+7=7$; $7+7=14$; $14+7=21$; $21+7=28$, and $28+7=35$.

Score: ____

A15. Serial 200's.

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper

Say: I would like you to start at 800 and count backward for me by 200's until you reach zero.

CORRECT ANSWER: 800 600 400 200 0

Maximum Error= 5

ERROR: Missed or did not know 800 600 400 200 0

ERROR/Response: _____

No Response: _____

Ask the caregiver: Was the individual able to count backwards by intervals of 200 before the brain injury?

Yes No Unknown

Comment:

Score: ____

A16. Memory Question.

Note: For individuals with speech impairments

Have the individual write his/her answers down on a piece of paper

Say: Remember the three objects I asked you to remember at the beginning of the assessment? Please repeat these three objects now in the same order I gave them to you.

CORRECT ANSWER: Fish, Hook, Shoe (stated in the CORRECT ORDER)

Maximum Error= 3

ERROR: forgot fish, forgot hook, forgot shoe out of order, not repeated 3 times

ERROR/ Response: _____

No Response: _____

Ask the caregiver: Was the individual able to remember lists of three items for more than 10-20 minutes before the brain injury?

Yes No Unknown

Comment:

Note: This question will be asked again at the end of the assessment on question K1.

Score: ____

A17. Reading Comprehension.

Please use Handout # 6 for this exercise.

Show the individual Handout # 6.

Note: For individuals with visual impairments

Read the paragraph out loud and have the individual tell you the topic of the paragraph.

Note: For individuals with speech impairments

Have the individual write his/her answer down on a piece of paper

Say: I am going to give you a paragraph to read. Once you have read it, please tell me its topic and two other items mentioned in the paragraph.

Paragraph: Official records state that the Pueblo Indians lived in New Mexico and Arizona. The word "Pueblo" comes from the Spanish word "pueblo," meaning town or village. The Spaniards found these Indians living in apartment houses, some of them on the side of a cliff in order that they could be reached only by ladders. Whenever they were attacked by Apaches, the Pueblos would pull up the ladders. They grew corn, wove cloth and wonderful baskets, and created jars and pots out of clay.

CORRECT ANSWER: **Topic=** Pueblo Indians + two other informational items from sentence

Maximum Error= 3

ERROR: missed topic 1st item 2nd item;

ERROR/ Response: _____ **No Response:** _____

Ask the caregiver: Was the individual able to recall topics and items from a paragraph before the brain injury?

Yes No Unknown

Comment:

Score: ____

A18. Understandable Sentence.

Please use Handout # 7 for this exercise.

Show the individual Handout # 7.

Note: For individuals with physical impairments

Ask the individual to read the words on handout #7 and, instead of writing a sentence, have the individual tell you an understandable sentence using those words.

Note: For individuals with visual impairments

Read out loud the words on the list of Handout #7 and have the individual form and tell you an understandable sentence using those words.

Say: I am going to give you a handout with five words on it. I want you to look at the words and write down a sentence that contains those five words.

Timing: One to two minutes to complete this exercise.

CORRECT ANSWER: Possible answer could be: I made an appointment with my doctor today at 1:00 p.m., but I ran late because I missed the bus.

Maximum Error= 3

ERROR: Only changed sequence of given words; Sentence not understandable; 2 minute

time expired

ERROR/ Response: _____

[] No Response: _____

Ask the caregiver: Was the individual able to form sentences from random words before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

Rating Scale from Questions A 19 through J14

Reviewers will use the rating scale below to rate all questions starting with and following A19:

IMPORTANT: Handout for the individual will not show underlined definitions in order to protect her/him to prevent possible stress and retraumatization.

0= No Supports Needed:

1= Minor Supports Needed: Condition does not interfere with independence in routine and familiar situations, but may limit independence or impair functions in complex or unfamiliar activities. Requires cues from others to start or complete a task.

2= Moderate Supports Needed: Condition limits independence and interferes with functioning in routine and familiar situations, needing moderate levels of assistance and supervision. Needing supervision or assistance from others to complete a task.

3= Intensive Supports Needed: Needing constant visual supervision during day and nighttime awake employee.

Note: ONLY use "whole" numbers (0, 1, 2, or 3 whichever applies) when scoring the assessment. DO NOT use decimals such as 1.5!

Note: For individuals with speech impairments

Have the individual show you his/ her responses on the handout. This is applicable for the following questions: A19 to the remainder of the assessment.

A19. Remembering Job Tasks.

Say: How would you rate your ability to remember job tasks?

Independent = 0 1 2 3 = Dependent **Response:** _____ [] No Response

Ask the caregiver: How would you rate the individual's ability to remember job tasks?

Comment: _____

Ask the caregiver: Did the individual have difficulty remembering job tasks before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A20. Initiating Job Activities and Tasks.

Say: How would you rate your ability to begin job activities and tasks you need to do?

Independent = 0 1 2 3 = Dependent **Response:** _____ [] No Response

Ask the caregiver: How would you rate the individual's ability initiating job activities and tasks?

Comment: _____

Ask the caregiver: Did the individual have difficulty initiating job activities and tasks before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A21. Organized and Implementing Actions.

Say: How would you rate your ability to stay organized and to take action?

Independent = 0 1 2 3 = Dependent **Response:** _____ [] No Response

Ask the caregiver: How would you rate the individual's ability to stay organized and take action?

Comment: _____

Ask the caregiver: Did the individual have difficulty with organization and taking action before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A22. Making Decisions.

Say: How would you rate your ability to make decisions?

Independent = 0 1 2 3 = Dependent **Response:** _____ [] No Response

Ask the caregiver: How would you rate the individual's ability to make decisions?

Comment: _____

Ask the caregiver: Did the individual have difficulty making decisions before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A23. Feeling Interested and Motivated.

Say: How would you rate your interest and motivation to perform your work duties?

Highly Motivated = 0 1 2 3 = Not Motivated at all **Response:** _____ [] No Response

Ask the caregiver: How would you rate the individual's ability to be feeling interested in and be motivated to perform work duties?

Comment: _____

Ask the caregiver: Did the individual have difficulty feeling interested or motivated before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A24. Getting Along with Co-workers and Supervisors.

Say: How would you rate your ability to get along with your co-workers and supervisors?

Easy = 0 1 2 3 = Difficult **Response:** _____ [] No Response

Ask the caregiver: How would you rate the individual's ability getting along with co-workers and supervisors?

Comment: _____

Ask the caregiver: Did the individual have difficulty getting along with co-workers or supervisors before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A25. Remaining Calm in Stressful Situations.

Say: How would you rate your ability to remain calm in stressful situations?

Easy = 0 1 2 3 = Difficult **Response:** _____ [] No Response

Ask the caregiver: How would you rate the individual's ability to remain calm in stressful situations?

Comment: _____

Ask the caregiver: Did the individual have difficulty remaining calm in stressful situations before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A26. Understanding Speech.

Say: How often do people tell you they cannot understand your speech?

Never = 0 1 2 3 = Often **Response:** _____ [] **No Response**
Ask the caregiver: Did others have difficulty understanding the individual's speech before the brain injury?
[] Yes [] No [] Unknown
Comment: _____
Score: ____

A27. Understand Others.

Say: How often are you unable to understand others?

Never = 0 1 2 3 = Often **Response:** _____ [] **No Response**

Ask the caregiver: Did the individual have difficulty understanding others before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A28. Trouble Remembering.

Say: How often do you lose things or have trouble remembering where you put them, such as your wallet, keys, cell phone, or TV remote?

Never = 0 1 2 3 = Often **Response:** _____ [] **No Response**

Ask the caregiver: Does the individual seem to have trouble remembering where he/she put their items such as wallet, keys, cell phone, or TV remote?

Comment: _____

Ask the caregiver: Did the individual have trouble remembering where things were left, before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

A29. Behavior.

Say: How often do people tell you that they think your behavior is insulting, dangerous, inappropriate or offensive? Never = 0 1 2 3 = Often **Response:** _____ [] **No Response**

Ask the caregiver: How has the individual's behavior changed since the Brain Injury?

[] Improved [] Remained the Same [] Worsened [] Unknown

Comment: _____

Score: ____

A30. Behavior

Ask the caregiver: Is there any evidence of bizarre, inappropriate, dangerous, or offensive behaviors or issues of poor impulse control?

No evidence = 0 1 2 3 = Strong evidence **Response:** _____ [] **No Response**

Did the individual have these issues before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

Total Score Part A (A1- A30): ____

Section B. Questions B1-B7: Activities of Daily Life (ADL's)

Note: For individuals with speech impairments

Have the individual show you his/ her responses on the handout. This is applicable for the following questions: B1-B7

B1. Dressing.

Say: What amount of help do you need when you are dressing?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when dressing?

Comment: _____

Ask the caregiver: Did the individual need help dressing before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:____

B2. Grooming.

Say: What amount of help do you need when you are grooming?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when grooming?

Comment: _____

Ask the caregiver: Did the individual need help grooming before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:____

B3. Bathing.

Say: What amount of help do you need when you are bathing?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when bathing?

Comment: _____

Ask the caregiver: Did the individual need help bathing before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:____

B4. Eating.

Say: What amount of help do you need when you are eating?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when eating?

Comment: _____

Ask the caregiver: Did the individual need help eating before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:____

B5. Transferring/ Stairs.

Say: What amount of help do you need when you are transferring or using the stairs?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when transferring or using stairs?

Comment: _____

Ask the caregiver: Did the individual need help transferring or using the stairs before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:____

B6. Walking/ Mobility.

Say: What amount of help do you need when you are walking?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when walking?

Comment: _____

Ask the caregiver: Did the individual need help walking before the brain injury?

Yes No Unknown

Comment: _____

Score: ____

B7. Toileting.

Say: What amount of help do you need when you have to use the bathroom?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ No Response

Ask the caregiver: How would you rate the individual's support need when using the bathroom?

Comment: _____

Did the individual need help toileting before the brain injury?

Yes No Unknown

Comment: _____

Score: ____

Total Score Part B (B1- B7): ____

Section C. Questions C1-C7: Incidental Activities of Daily Life (IADL's)

Note: For individuals with speech impairments

Have the individual show you his/ her responses on the handout. This is applicable for the following questions: C1- C7

C1. Answering and making Telephone call.

Say: What amount of help do you need when you answer and make telephone calls?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ No Response

Ask the caregiver: How would you rate the individual's support need when answering or making telephone calls?

Comment: _____

Ask the caregiver: Did the individual need help answering or making phone calls before the brain injury?

Yes No Unknown

Comment: _____

Score: ____

C2. Shopping.

Say: What amount of help do you need when you are shopping?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ No Response

Ask the caregiver: How would you rate the individual's support need when shopping?

Comment: _____

Ask the caregiver: Did the individual need help shopping before the brain injury?

Yes No Unknown

Comment: _____

Score: ____

C3. Transportation Ability.

Say: What amount of help do you need when you go to places?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ No Response

Ask the caregiver: How would you rate the individual's support need when going to places?

Comment: _____

Ask the caregiver: Did the individual need help going places before the brain injury?

Yes No Unknown

Comment: _____

Score: ____

C4. Preparing Meals.

Say: What amount of help do you need when you are preparing your meals?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when preparing meals?

Comment: _____

Ask the caregiver: Did the individual need help preparing meals before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:___

C5. Laundry and Light Housekeeping.

Say: What amount of help do you need when you are doing your laundry or housekeeping?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when doing laundry or housekeeping?

Comment: _____

Ask the caregiver: Did the individual need help with laundry or light housekeeping before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:___

C6. Heavy Chores.

Say: What amount of help do you need when you have to do heavy chores?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need when doing heavy chores?

Comment: _____

Ask the caregiver: Did the individual need help with heavy chores before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:___

C7. Managing Money.

Say: What amount of help do you need with managing your money?

No Help = 0 1 2 3 = Totally Dependent on Others **Response:**_____ [] No Response

Ask the caregiver: How would you rate the individual's support need with managing money?

Comment: _____

Ask the caregiver: Did the individual need help managing money before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:___

Total Score Part C (C1- C7):___

Section D. Questions D1- D7: Judgment

Reviewer: Question are to be addressed to the individual's caregiver. Generally, the reviewer should skip these questions and complete them at another time, either over the phone or in person, with the caregiver.

To get a better understanding of the difficulty an individual may have with judgment, ask the individual's caregiver after the interviewing phase.

Say: People who have suffered a brain injury may have trouble with judgment. This deficit can involve many aspects of an individual's life.

D1. Strangers.

Ask the caregiver: Do you feel or have you observed that (individual's name) is treating strangers the same as family and friends?

No Risk of Harm = 0 1 2 3 = High Risk of Harm without constant support from others

Response: _____ [] No Response

Ask the caregiver: Did the individual have trouble distinguishing strangers from family and friends before the brain injury? :

[] Yes [] No [] Unknown

Comment: _____

Score: ___

D2. Losing Food, Money, and Belongings.

Ask the caregiver: Have you observed that [individual's name] is sharing or giving away food, money or belongings to others?:

No Risk of Harm = 0 1 2 3 = High Risk of Harm without constant support from others

Response: _____ [] No Response

Ask the caregiver: Did the individual share or give away food or money belonging to others before the brain injury? [] Yes [] No [] Unknown

Comment: _____

Score: ___

D3. Poor Decisions.

Ask the caregiver: Do you feel, or have you observed, that some of [individual's name] decisions have a negative consequence (bad things happen to [individual's name] because of his/her decision)?r:

No Risk of Harm = 0 1 2 3 = High Risk of Harm without constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you feel, or had you observed, this type of behavior before the brain injury? :

[] Yes [] No [] Unknown

Comment: _____

Score: ___

D4. Going Hungry.

Ask the caregiver: Do you feel, or have you observed, that there are days where [individual's name] goes hungry throughout the day? :

No Risk of Harm = 0 1 2 3 = High Risk of Harm without constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you feel, or had you observed that, the individual would go hungry throughout the day before the brain injury?: [] Yes [] No [] Unknown

Comment: _____

Score: _____

D5. Becoming Homeless.

Ask the caregiver: How would you rate the level of risk that [individual's name] has of losing his/her housing (for example: if [individual's name] is not able to live at home or is no longer able to live in his/ her own apartment or home).

No Risk of Harm = 0 1 2 3 = High Risk of Harm without constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this same level of concern before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ___

D6. Mental Health Issues.

Ask the caregiver: How would you rate the level of risk if the [individual's name] was unable to see a counselor for his/her required therapy on a regular basis?:

No Risk of Harm = 0 1 2 3 = High Risk of Harm without constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this same level of concern before the brain injury? :

[] Yes [] No [] Unknown

Comment: _____

Score: ____

D7. Physical Health Issues.

Ask the caregiver: How would you rate the level of risk if [individual's name] was unable to see his/her physician on a regular basis for check-ups and to address ongoing physical health needs?

No Risk of Harm = 0 1 2 3 = High Risk of Harm without constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this same level of concern before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

Total Score Part D (D1 – D7): ____

Section E. Questions E1- E7: Self-Protection

Reviewer: Question are to be addressed to the individual's caregiver. Generally, the reviewer should skip these questions and complete them at another time, either over the phone or in person, with the caregiver.

To get a better understanding of the difficulty an individual may have with judgment, ask the individual's caregiver after the interviewing phase

Say: Following a brain injury, it's not uncommon to be dependent on others like a caregiver. It is necessary at this point to rely on someone or a group of people for support so an individual can get through the day and live in a safe environment.

E1. Safety.

Ask the caregiver: Does [individual's name] depend on others (caregivers, paid employees) to be safe?:

Safe on own = 0 1 2 3 = Safety requires constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this concern before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

E2. Going Hungry.

Ask the caregiver: Does [individual's name] need other people to get food for him/her so he/she is not hungry?

Safe on own = 0 1 2 3 = Safety requires constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this concern before the brain injury? :

[] Yes [] No [] Unknown

Comment: _____

Score: ____

E3. Wandering.

Ask the caregiver: Does [individual's name] wander off from his/her home without letting anyone know where

he/she is going?

Safe on own = 0 1 2 3 = Safety requires constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this concern before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ___

E4. Abuse.

Ask the caregiver: Do you know of people treating [individual's name] badly physically and/or verbally. Are people saying mean things to him/her?:

Safe on own = 0 1 2 3 = Safety requires constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this concern before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ___

E5. Neglect.

Ask the caregiver: Do you feel that [individual's name] needs support from others to have proper care and attention he/she needs?:

Safe on own = 0 1 2 3 = Safety requires constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this concern before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ___

E6. Exploitation.

Ask the caregiver: Do you feel that people take advantage of [individual's name] by taking his/her money, food, or other items that he/she has at home?

Safe on own = 0 1 2 3 = Safety requires constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this concern before the brain injury? :

[] Yes [] No [] Unknown

Comment: _____

Score: ___

E7. Health.

Ask the caregiver: Do you feel that [individual's name] needs other people to supervise his/her to maintain his/her health and to schedule and follow-up on doctor appointments?

Safe on own = 0 1 2 3 = Safety requires constant support from others

Response: _____ [] No Response

Ask the caregiver: Did you have this concern before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ___

Total Score Part E (E1 – E7): ___

Section F. Questions F1-F8: Mental Health

Note: For individuals with speech impairments

Have the individual show you his/ her responses on the handout. This is applicable for the following questions: F1- F8

Say: Brain injury can cause an individual to develop and experience mental health problems. On some days you might experience a great number of troublesome symptoms and find yourself feeling dysfunctional. These feelings may result in an inability to accomplish tasks without assistance. On other days you might be symptom free, feel highly functional and have no trouble accomplishing tasks without assistance. Such a pattern represents common psychological consequences of a brain injury. I would like to ask you some questions about symptoms that might be problematic for you.

F1: Losing control.

Say: Do you feel overly self-conscious around other people or that you may lose control over your body or what you are going to say?

Never = 0 1 2 3 = Always **Response:** _____ [] No Response

Ask the caregiver: Did the individual have this issue before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

F2. Easily agitated or irritated.

Say: Do you feel easily agitated or irritated by people, tasks, work or other aspects of life?

Never = 0 1 2 3 = Always **Response:** _____ [] No Response

Ask the caregiver: Did the individual have this issue before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

F3. Laughing or crying without reason.

Say: Do you laugh or cry without a clear reason why?

Never = 0 1 2 3 = Always **Response:** _____ [] No Response

Ask the caregiver: Did the individual have this issue before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

F4. Plotting against you.

Say: Do you feel suspicious of others or feel that other may be plotting against you?

Never = 0 1 2 3 = Always **Response:** _____ [] No Response

Ask the caregiver: Did the individual have this issue before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

F5. Persistent anxiety due to feelings of fear or dread.

Say: Are you anxious due to persistent feelings of fear or dread?

Never = 0 1 2 3 = Always **Response:** _____ [] No Response

Ask the caregiver: Did the individual have this issue before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

F6. Spells of terror or panic attacks.

Say: Do you feel suddenly scared for no reason, or feel spells of terror or panic suddenly coming over you?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Did the individual have this issue before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:___

F7. Depression or discouragement.

Say: Do you feel discouraged, blue, sad, down in the dumps or depressed?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Did the individual have this issue before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:___

F8. Suicidal Tendencies.

Say: Do you at times feel suicidal or have thoughts about suicide?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Did the individual have this issue before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:___

Total Score Part F (F1 – F8):___

Section G. Questions G1- G7: Behavioral and Emotional Deficits

Reviewer: Question are to be addressed to the individual’s caregiver. Generally, the reviewer should skip these questions and complete them at another time, either over the phone or in person, with the caregiver.

Say: Behavior and emotional problems can be the direct result of a brain injury. I will now ask you about some behaviors that you may have observed.

Note: The descriptors and examples in each question below are not exclusive, which means that the individual might show behaviors that are not included, and these behaviors need to be recognized and recorded.

G1. Injury to self.

Ask the caregiver: Have you observed [individual’s name] hit, bite, burn, poke, or cut himself/herself, pull out his/her own hair, pick at him/herself until he/she bleeds, or engage in other behavior with the intent to harm self?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Had you observed this behavior before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score:___

G2. Injury to others.

Ask the caregiver: Have you observed [individual's name] hit, pinch, kick, or have inappropriate sexual contact that causes pain to other people or animals?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Had you observed this behavior before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

G3. Property Destruction.

Ask the caregiver: Have you observed [individual's name] break windows, furniture, tear clothing, set fires, or use objects with the intention of damaging, destroying or breaking property?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Had you observed this behavior before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

G4. Socially offensive behavior.

Ask the caregiver: Have you observed [individual's name] spit, urinate, steal, scream, be verbally harassing, bully, or engage in other behavior that is socially offensive or interferes with others?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Had you observed this behavior before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

G5. Bothering or Irritating Behavior.

Ask the caregiver: Have you observed [individual's name] criticize others, have the need to always be right, take credit for things he/she did not do, miss appointments, generally arrive late, be negative all the time, try to act funny or engage in other activities that annoy other people?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Had you observed this behavior before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

G6. Wandering or running away.

Ask the caregiver: Have you observed [individual's name] wander off, run away or depart from home for long periods of time without telling anyone?

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Had you observed this behavior before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

G7. Withdrawing from others.

Ask the caregiver: Have you observed [individual's name] refuse to talk, remain alone for extended periods of time, repeatedly decline invitations to participate in activities with others or allow others to harm them while they remain passive.

Never = 0 1 2 3 = Always **Response:** _____ [] **No Response**

Ask the caregiver: Had you observed this behavior before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

Total Score Part G (G1 – G7): ____

Section H. Questions H1-H2: Medication Management

Note: For individuals with speech impairments

Have the individual show you his/ her responses on the handout. This is applicable for question H1

H1. Medication Management (Self-Rating).

Say: How would you rate your need for someone to help you remember to take your medications?

No Help = 0 1 2 3 = Totally Dependent on Others **Response: _____ [] No Response**

Ask the caregiver: Did the individual depend on someone to remember to take medications before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

Reviewer: Question H2 is to be addressed to the individual's caregiver. Generally, the reviewer should skip these questions and complete them at another time, either over the phone or in person, with the caregiver.

H2. Medication Management (Rating by Caregiver)

Ask the caregiver: How would you rate [individual's name] need for someone to help him/her remember to take his/her medications?

No Help = 0 1 2 3 = Totally Dependent on Others **Response: _____ [] No Response**

Ask the caregiver: Did the individual have this same level of need before the brain injury?

[] Yes [] No [] Unknown

Comment: _____

Score: ____

Total Score Part H (H1 and H2): ____

Section I. Questions I1- I11: Medication Issues

Reviewer: Question are to be addressed to the individual's caregiver. Generally, the reviewer should skip these questions and complete them at another time, either over the phone or in person, with the caregiver.

If individual is a new applicant for services please list all current medications that the applicant is taking (both prescription and over-the-counter).

If individual is a person in services undergoing an annual reassessment, please list only medication changes in the past year.

Please check the [] **BI box** for any health conditions that were the result of the Brain Injury.

Please rate questions I1-I7 using the rating below:

Rating: No support needed, individual can do independently= 0 1 2 3= Totally dependent on others

Medication Issues/Problems	Is this a Problem?	Level of Support Needed? (Circle)
I1. Medication side effects. Ask the caregiver: Have you observed that [individual's name] is affected by medication side effects?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
I2. Does not take medications on time. Ask the caregiver: Have you observed that [individual's name] is not taking medications on time?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
I3. Refusing to take medications. Ask the caregiver: Have you observed that [individual's name] is refusing to take medications?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
I4. Overdosing. Ask the caregiver: Have you observed that [individual's name] is overdosing on medications?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
I5. Taking medications prescribed for other people, giving medication away to others. Ask the caregiver: Have you observed that [individual's name] is taking medications that are prescribed for someone else or giving to others, medications that [individual's name] has been prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
I6. Medication needs not being reevaluated. Ask the caregiver: Have you observed that [individual's name] is not getting his/her medication needs re-evaluated?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
I7. Number of medications. Ask the caregiver: Have you observed that [individual's name] is taking too many medications or may have too many doctors prescribing meds?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
Total Score Part I (I1- I7): ___		

Alcohol and Drug Use. NOT SCORED (Data can be used for Referral)

I8. Self-Medication.

Ask the caregiver: Does this individual self-medicate using alcohol and illegal drugs?

Yes No Unknown

I9. Excessive Use of Alcohol or Illegal Drugs.

Ask the caregiver: Does the individual excessively use alcohol or illegal drugs?

Yes No Unknown

I10. Substance Abuse.

Ask the caregiver: Did the individual have substance abuse issues prior to the brain injury?

Yes No Unknown

I11. Drug or Alcohol Treatment.

Ask the caregiver: Please indicate the selection that best describes the individual's need for drug or alcohol treatment. The individual has received is now receiving, needs to receive, or does not need to receive drug or alcohol treatment?

Yes No Unknown

Comments: _____

Section J. Questions J1- J14: Health Conditions

Note: For individuals with speech impairments

Have the individual show you his/ her responses in writing or nodding or through gestures. This is applicable for questions J1- J14

Rating: Condition not severe= 0 1 2 3= Condition is severe

Say: Please rate the severity of any conditions you may have.

Please check the **BI box** for any health conditions that **were** the result of the Brain Injury ***follow-up with caregiver*** if needed.

Medication Issues/Problems	Is this a Problem?	Level of Severity? (Circle)
J1. Weight Changes. Say: Has your weight fluctuated significantly in the last 6 months? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
J2. Swallowing Say: Do you have any trouble swallowing? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
J3. Arthritis. Say: Do you have arthritis? What part of body? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
J4. Bladder/Kidney. Say: Do you have any problems with your bladder or kidney? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
J5. Hearing. Say: Do you have problems with your hearing? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
J6. Vision. Say: Do you have problems with your vision? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
J7. Seizure Disorders. Say: Do you have seizures? (If yes), Say: What type of seizures? Types of Seizures indicated: _____ _____ Say: Have you been diagnosed with a seizure disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No Say: How frequent are you seizures? <input type="checkbox"/> Less than once a month, <input type="checkbox"/> monthly, <input type="checkbox"/> weekly, <input type="checkbox"/> daily, <input type="checkbox"/> more than once a day Say: What is your seizure medication? <input type="checkbox"/> _____ Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
J8. Paralysis. Say: Are you able to move all of your limbs? Say: Is one side of your body weaker than the other? <input type="checkbox"/> Yes <input type="checkbox"/> No Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response
J9. Falls. Say: Did you fall within the last year? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> BI	0 1 2 3 <input type="checkbox"/> No Response

J10. Sleep problems. Say: Do you have sleep problems? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No BI	0 1 2 3 <input type="checkbox"/> No Response
J11. Stroke. Say: Have you suffered a stroke within the last year? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No BI	0 1 2 3 <input type="checkbox"/> No Response
J12. Pulmonary. Say: Do you have any pulmonary problems (asthma, emphysema, TB)? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No BI	0 1 2 3 <input type="checkbox"/> No Response
J13. Cardiovascular. Say: Do you have any problems with your heart, blood pressure? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No BI	0 1 2 3 <input type="checkbox"/> No Response
J14. Other Significant Health Problem. Say: Do you have any other significant health problems? Ask caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No BI	0 1 2 3 <input type="checkbox"/> No Response
Total Score Part J (J1 – J14): ____		

-Please include more information on any health conditions that are significantly impacting the individual.
Comments: _____

Section K. Question K1: Long Term Memory

Last Test of Recall:

Say: There were three objects I asked you to remember at the beginning of the assessment, please repeat these three objects now in the same order I gave them to you? <input type="checkbox"/> CORRECT ANSWER: Fish, Hook, Shoe (stated in the CORRECT ORDER) Maximum Score= 3 ERROR: <input type="checkbox"/> forgot fish, <input type="checkbox"/> forgot hook, <input type="checkbox"/> forgot shoe <input type="checkbox"/> out of order, <input type="checkbox"/> not repeated 3 times Response: _____ <input type="checkbox"/> No Response Ask the caregiver: Was the individual able to remember lists of three items for more than 1:00 hour before the brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Comment: _____
Score (K1) : ____

Section L. Question L1: Attention Rating *Note to the Reviewer: Please use your professional judgment and rate the individual's attention while taking the assessment. Please use the scoring range as indicated at the beginning of the manual and below to score.*

Maximum Score= 3

0	1	2	3
No Attention Problems	Mild Attention Problems	Moderate Attention Problems	Severe Attention Problems
			Score (L1): ____

Comments: _____

CBIA Scoring Sheet (Sub Scores/ Total Score)
36-136

<i>Functional Limitation Area</i>	Questions	MAX Raw SCORE	ACT Raw SCORE	AREA OF NEED
1 Memory and Cognition				
Short Term Memory Recall.....	.....A1, A16 & A29 & A30	12		Yes No
Mid - Long Term Memory Recall .....	.....p. 30. (K1)	3		Yes No
Orientation to Time and Place.....	.....A2 & A3	10		Yes No
Planning.....	.....A4 & A5	8		Yes No
Executive Level Skills.....	.....A6 - A11,& A28	13		Yes No
Concentration.....	.....A12 & A13	10		Yes No
Sequencing.....	..... A14 & A15	10		Yes No
Attention.....	.....p. 31. (L1)	3		Yes No
[] Functional Limitation	Memory and Cognition Total	69		
2 Activities of Daily Living				
ADLs.....	.....B1 - B7	21		Yes No
IADLs.....	.....C1 - C7	21		Yes No
[] Functional Limitation	Daily Living Total	42		
3 Judgment and Self-Protection				
Judgment (Risk of Exploitation).....	.....D1 - D7	21		Yes No
Self-Protection.....	.....E1 - E7	21		Yes No
[] Functional Limitation	Judgment & Protection Total	42		
4 Control of Emotion				
Mental Health.....	.....F1 - F8	24		Yes No
Behavior.....	.....G1 - G7	21		Yes No
[] Functional Limitation	Control of Emotion Total	49		
5 Communication				
Understandable Speech.....	.....A26	3		Yes No
Understands Others.....	.....A27	3		Yes No
Comprehension.....	.....A17	3		Yes No
Writing.....	.....A18	3		Yes No
[] Functional Limitation	Communication Total	12		
6 Health Problems				
Medication Management .....	.....H1 - H2	6		Yes No
Medication Issues.....	.....I1 - I11	21		Yes No
Health Condition.....	.....J1 - J14	42		Yes No
[] Functional Limitation	Health Problems Total	69		
7 Employment				
Job Functions/ Tasks.....	.....A19	3		Yes No
Initiating.....	.....A20	3		Yes No
Motivation.....	.....A23	3		Yes No
Organization and Decision Making .....	.....A21 & A22	6		Yes No
Compatibility and Stress.....	.....A24 & A25	6		Yes No

[] Functional Limitation

Employment Total

21

TOTAL SCORE

300

Index

B

Break

- *Ground rules for the assessment #4; Clearly define the process of the assessment, page 4*
- *Under A6 "Draw the Pattern," page 10*
- *Under G3 "Property Destruction," page 25*

C

Calculating

- *Ground rules for the assessment# 6; Calculating the Score, page 4*

Cell Phone

- *Ground rules for the assessment # 2; Switching off your cell phone, page 4*

Condition

- *Pages: 4; 15; 27; 28; 29; 32*

D

Define/ Define Process

- *Ground rules for the assessment #4; page 4*

E

Eliminate

- *is less confusing to participants, eliminates scoring errors..; page 3*

F

Follow-up

- *The reviewer must follow-up with individuals...; page 4*
- *E 7 pages 22,23*

G

Ground rules

- *Ground rules for the assessment, page 3*

I

Input

- *Ground rules for the assessment #4, page 4*

N

Neutrality

- *Ground rules for the assessment #5 "Neutrality during the Interview," page 4*

O

On Time

- *Ground rules for the assessment #3 "Start assessment on time," page 4*
- *I 2; page 27*
-

Objectivity

- *Ground rules for the assessment #4 "Clearly define the process..."; page 4*

P

Paper version

- *This paper version of the assessment...; Page 3*

Physical

- *Introduction; page 3*
- *Instructions for assessing individuals with physical, ...; page 4*

Prepared

- *Ground rules for the assessment #1; Come prepared," page 3*

R

Reduce time

- *The electronic version reduces the time; page 3*

Relationship

- *Ground rules for the assessment, page 3*

Respect

- *Ground rules for the assessment, page 3*
- *Ground rules for the assessment, #5; "Neutrality during the interview," page 4*

S

Speech

- *Instructions for Assessing Individuals with Physical, Visual or Speech Impairments, page 4*
- *Speech Impairment, page 5*

Substantial functional limitations

- *page 3*

Summarize

- *page 3*

T

Trauma/ trauma informed

- *pages 3;16*

Trust

- *page 3*

V

Visual

- *Instructions for Assessing Individuals with Physical, Visual or Speech Impairments, pages 4, 5*