

West Virginia University Tissue Bank for Neurological Diseases Questionnaire

Name of Person Completing this Form: _____

Date: _____

Decedent's Name: _____ DOB: _____

Handedness: R L A Place of Birth: _____
Ethnicity: _____

Next of Kin Name: _____

NOK Home Phone: _____ NOK Mobile Phone: _____

NOK Address: _____

Relationship to Decedent: ___ Mother ___ Father ___ Spouse ___ Sibling
___ Son ___ Daughter ___ Other

Did he/she serve in the military? Yes/no

If yes, in what branch did he/she serve?

If yes, how long did he/she serve?

If, yes, approximately when was he/she discharged?

	Yes	No	I Don't Know
Was he/she called to active duty?			
Did he/she serve in Iraq?			
Did he/she service in Afghanistan?			

Did a **health care practitioner** ever tell him/her that he had any of the following?

	Yes	No	I Don't Know
Heart Attack			
Stroke			
Sleep Apnea			
Memory Problems or Mild Cognitive Impairment			
Severe Cognitive Impairment			
Dementia			
Alzheimer's Disease			
Lewey body disease			
Frontotemporal dementia			
Parkinson's Disease or Parkinsonism			
Chronic Traumatic Encephalopathy (CTE)			
Arthritis			
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)			
Liver Disease			
Renal (Kidney) Disease			
Cancer (please specify) _____			

Did a health care provider ever **prescribe him/her medication** for any of the following conditions?

Condition	No	Yes	If yes, approximate year medication was prescribed
High Blood Pressure			
Heart Failure			
Heart Rhythm Problems (atrial fibrillation, other)			
High Cholesterol			
Diabetes or High Blood Sugar			
Thyroid Problem			
Headaches			
Anxiety			
Depression			
Chronic Pain			
Low Testosterone			
Other (please specify)			

AD8

“Yes, a change” indicates that there was a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	I Don’t know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			

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Please answer each question based on how he/she was feeling and functioning in the past year.

In the past year.....	Never/Rarely	Sometimes	Often
He/she had major problems with his memory			
He/she had significant problems with his thinking skills, such as his ability to concentrate, understand what was happening around him, or solve problems			
He/she felt overly sad, depressed, or hopeless			
He/she was emotionally explosive (for example, he had a ‘short fuse’ or was ‘out of control’), physically violent, or verbally violent			
He/she had problems with excessive gambling, increased or unusual sexual activity, or excessive shopping or unusual purchases			

He/she had problems with excessive alcohol use			
He/she had problems with opiate drug use			
He/she had a lot of anxiety, stress, and worry			
He/she had very little interest in activities or a major loss in motivation to participate in daily life			
He/she was very suspicious, paranoid, or jealous for no reason			
He/she had thoughts of killing himself			
He/she tried to commit suicide			
He/she had significant problems with headaches			
His/she speech was slurred or very difficult to understand			
He/she moved very slowly			
He/she had trouble walking or had problems with his balance			
He/she had tremors (for example, his hands shook)			

BC-CCI

Please rate his problems with concentration, memory, and thinking skills during the past year.

Use this scale: **0 = Not at all much** **1 = Some** **2 = Quite a bit** **3 = Very**

Past Year

- Forgetfulness / Memory Problems....._____
- Poor concentration_____
- Trouble expressing my thoughts....._____
- Trouble finding the right word....._____
- Slow thinking speed....._____
- Trouble figuring things out or solving problems_____

1. The symptoms I noted above made it difficult to do his/her job (if not working, answer based on your last job).

False, Not at all True Slightly True Mainly True Very True

2. The symptoms I noted above made it difficult for him/her to have good relationships with his family and friends.

False, Not at all True Slightly True Mainly True Very True

3. The symptoms I noted above made it difficult for him/her to enjoy social activities, recreational activities, or hobbies.

False, Not at all True Slightly True Mainly True Very True

Traumatic Brain Injury History

Did he/she suffer injury to the brain while in the military?			
Did he/she suffer injury to the brain while NOT in the military?			
Did he/she suffer multiple injuries to the brain?			
Was he/she exposed to a blast or blasts from improvised explosive device (IED) detonation?			
Did he/she suffer traumatic brain injury due to blast exposure from an IED detonation?			
(If no head trauma history, do not complete the remaining questions)			
Regarding the most severe injury to the head:			
Did he/she lose consciousness for 30 minutes or less?			
Did he/she lose consciousness for 30 minutes to 24 hours?			
Did he/she lose consciousness for more than 24 hours?			
Did he/she lose memory of the injury?			
Did he/she have persistent memory loss following the injury?			
Did he/she suffer personality changes following the injury?			
Did he/she suffer speech changes following the injury?			
Did he/she suffer impaired motor skills following the injury?			
Did he/she suffer a noticeable decrease in intelligence after the injury?			
Did he/she eventually return to normal after the injury?			
Did he/she suffer seizures or epilepsy after the injury?			
Did he/she suffer headaches after the injury?			
Did he/she suffer visual problems after the injury?			
Did he/she suffer hearing problems after the injury?			
Did he/she suffer post-traumatic stress disorder before the injury?			

Did he/she suffer post-traumatic stress disorder after the injury?			
Was he/she hospitalized for the head trauma?			
Did he/she suffer a skull fracture?			
Was he/she treated for injuries from improvised explosive device (IED) detonation?			
Did he/she play sports?			
Did he/she suffer a concussion while playing sports?			

If he/she played sports? What level (youth, high school, college, pro)

If he/she played sports, which sport(s)?

INFORMATION ONLY