

Problem Checklist

Name _____ Date _____

The purpose of this questionnaire is to help us understand how your injury has affected you. Please use the following numbering scheme to answer the questions below.

No for 0

No problem for 1 or 2

Moderate problem for 3-5

Severe problem for 6 or 7

1. Visual problems; difficulty seeing	0	1	2	3	4	5	6	7
2. Hearing difficulties	0	1	2	3	4	5	6	7
3. Poor balance	0	1	2	3	4	5	6	7
4. Doing things slowly	0	1	2	3	4	5	6	7
5. Difficulty pronouncing words clearly	0	1	2	3	4	5	6	7
6. Problems with coordination	0	1	2	3	4	5	6	7
7. Fatigue quickly; get tired easily	0	1	2	3	4	5	6	7
8. Headaches	0	1	2	3	4	5	6	7
9. Dizziness/vertigo	0	1	2	3	4	5	6	7
10. Sensitivity to noise	0	1	2	3	4	5	6	7
11. Sensitivity to light	0	1	2	3	4	5	6	7
12. Problems with taste or smell	0	1	2	3	4	5	6	7
13. Difficulty finding the right word	0	1	2	3	4	5	6	7
14. Expressing self in a wordy, roundabout way	0	1	2	3	4	5	6	7
15. Being easily distracted (e.g., in a noisy room)	0	1	2	3	4	5	6	7
16. Poor concentration for extended periods of time (e.g., reading in a quiet room)	0	1	2	3	4	5	6	7
17. Being forgetful; difficulty rem- embering things	0	1	2	3	4	5	6	7
18. Difficulty thinking clearly and efficiently	0	1	2	3	4	5	6	7
19. Difficulty planning and organizing things	0	1	2	3	4	5	6	7
20. Difficulty setting realistic goals	0	1	2	3	4	5	6	7
21. Difficulty following through or finishing things	0	1	2	3	4	5	6	7

22. Apathy, lack of interest in things	0	1	2	3	4	5	6	7
23. Lack of initiative, do not start things up	0	1	2	3	4	5	6	7
24. Irritability	0	1	2	3	4	5	6	7
25. Restlessness	0	1	2	3	4	5	6	7
26. Temper outbursts	0	1	2	3	4	5	6	7
27. Mood swings, quick emotional shifts	0	1	2	3	4	5	6	7
28. Difficulty bringing emotions under control once expressed	0	1	2	3	4	5	6	7
29. Getting into arguments with others	0	1	2	3	4	5	6	7
30. Being physically violent	0	1	2	3	4	5	6	7
31. Getting bored easily	0	1	2	3	4	5	6	7
32. Complaining about things	0	1	2	3	4	5	6	7
33. Dependency on others	0	1	2	3	4	5	6	7
34. Needing supervision	0	1	2	3	4	5	6	7
35. Anxiety/tension	0	1	2	3	4	5	6	7
36. Depression	0	1	2	3	4	5	6	7
37. Loneliness	0	1	2	3	4	5	6	7
38. Loss of confidence	0	1	2	3	4	5	6	7
39. Changes in appetite	0	1	2	3	4	5	6	7
40. Sleep disturbance	0	1	2	3	4	5	6	7
41. Low sexual drive	0	1	2	3	4	5	6	7
42. High sexual drive	0	1	2	3	4	5	6	7
43. Changed personality	0	1	2	3	4	5	6	7

Used by Kashluba et al. who cited Kay et al. in their paper as a source then they introduced it.

1. Kay T, Cavallo MM, Ezrachi O, Vavagiakis P: The head injury family interview: a clinical and research tool. *J Head Trauma Rehab* 10:12-31, 1995.
2. Kashluba S, Paniak C, Blake T, Reynolds S, Toller-Lobe G, Nagy J: A longitudinal, controlled study of patient complaints following treated mild traumatic brain injury. *Arch Clin Neuropsychol*. 2004 Sep;19(6):805-16.