## Brain Check Survey:

Scoring Instructions
The injuries and illness section of the Brain Check Survey (BCS) is there to assist in determining whether there is a credible history of TBI. The four sections of the BCS in which behaviors or symptoms are numerically rated is used to obtain a score. Using the BCS as completed by the parents,

- Total the scores for each of the four sections
- Determine averages for each section (page 2 of this scoring guide), and sum the averages for a total score

The cut-off score for a positive screen is 8.0. If the total score is equal to or greater than 8.0 , initiation of the school district's TBI assessment process is appropriate.

The following serves as an example of a scored BCS as well as a filled out score sheet. The circled numbers are added for each item in the following tables, indicating the score for each item. The range is 1 , no problem, to 6, extreme problem. These circled numbers are then added to find the total for each section.

## Behaviors that can affect learning

Please tell us about your child's learning styles and behaviors:

| Learning Style or Behavior | Circle the number on the scale which best describes your child: <br> (1) No Problem Extreme Problem (6) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Coping with change or transitions | 1 | 2 | 3 | 4) | 5 | 6 |
| Maintaining family and friend relationships | 1 | 2 | (3) | 4 | 5 | 6 |
| Letting go of one activity to attend to another | 1 | 2 | 3 | (4) | 5 | 6 |
| Reaction to simple problems | 1 | (2) | 3 | 4 | 5 | 6 |
| Waiting for his or her turn in a game | 1 | (2) | 3 | 4 | 5 | 6 |
| Learns from past mistakes or behavior | 1 | 2 | 3 | (4) | 5 | 6 |
| Thinks before speaking or acting | 1 | 2 | 3 | (4) | 5 | 6 |
| Listens without interrupting others often | 1 | 2 | (3) |  | 5 | 6 |
| Handles a change in plans | 1 | 2 | 3 | (4) | 5 | 6 |
| Demonstrates good judgment | 1 | 2 | (3) | 4 | 5 | 6 |
| Learning Style/Behavior Total: 33 |  |  |  |  |  |  |

## Cognitive Processes that can affect learning

Please tell us about your child's learning styles:

| Learning Style or Cognitive Processes | Circle the number on the scale which best describes your child: <br> (1) No Problem Extreme Problem (6) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Focusing and maintaining attention | 1 | 2 | (3) | 4 | 5 | 6 |
| Getting started on activities, tasks, chores, homework and the like, on his or her own | 1 | 2 |  | 4 | 5 | 6 |
| Monitoring own progress on homework, assignments, chores, and the like | 1 | 2 | (3) | 4 | 5 | 6 |
| Solving everyday problems (example: thinking of different options when something is not working for him/her.) | 1 | 2 | 3 | (4) | 5 | 6 |
| Learns new things easily | 1 | 2 | 3 | (4) | 5 | 6 |
| Remembers lists | 1 | (2) | 3 | 4 | 5 | 6 |
| Remembers day-to-day events | 1 | (2) | 3 | 4 | 5 | 6 |

## Symptoms - Part 1 (Sensory)

If your child has experienced any of the following symptoms, rank the severity of those symptoms:

| Sensory Symptom | Circle the number on the scale which best describes your child: <br> (1) No Problem Extreme Problem (6) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Headaches and/or Migraines (sudden, not responsive to medications, can last for more than a day) | 1 | 2 | 3 | (4) | 5 | 6 |
| Blank staring/Day dreaming | 1 | 2 | 3 | 4 | 5 | 6 |
| Dizziness | 1 | 2 | (3) | 4 | 5 | 6 |
| Change in vision (blurred vision, double vision, depth perception) | 1 | 2 | (3) | 4 | 5 | 6 |
| Fatigue (tires easily, is often tired) | 1 | 2 | 3 | (4) | 5 | 6 |
| Light sensitivity (can be easily upset by bright or strobe lights) | 1 | 2 | 3 | (4) | 5 | 6 |

## Symptoms - Part 2 (Motor)

If your child has experienced any of the following symptoms, rank the severity of those symptoms:

| Motor Symptom | Circle the number on the scale which best describes your child: <br> (1) No Problem Extreme Problem (6) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Loss of muscle coordination (can look like awkward movements, problems with balance, slowed reactions, uncoordinated running and catching) | 1 |  |  | 4 | 5 | 6 |
| Blackouts/ Fainting | 1 | 2 |  | 4 | 5 | 6 |
| Confusion | 1 | 2 | 3 | (4) | 5 | 6 |
| Seizures | (1) | 2 | 3 | 4 | 5 | 6 |
| Slurred speech | 1 | (2) | 3 | 4 | 5 | 6 |
| Has trouble finding the "right" word when talking | 1 | 2 | 3 | (4) | 5 | 6 |

## Score Sheet of the Brain Check Survey:

Calculation of Total Score

| Section | Section Subtotal | Divided by \# of items in section | Section Average |
| :---: | :---: | :---: | :---: |
| Behaviors that can affect learning | 33 | $\div 10=$ | 3.3 |
| Cognitive processes that can affect learning | 21 | $\div 7=$ | 3 |
| Symptoms - Part 1 | 23 | $\div 6=$ | 3.8 |
| Symptoms - Part 2 | 17 | $\div 6=$ | 2.8 |
| Sum of Section averages $=$ TOTAL SCORE |  |  | 12.9 |

