



## TBI Wellness Reports

TBI Wellness Reports are to be assessed every 5 days following treatment.  
***Please respond to each of the following questions based on your status today.***

Rate your **head pain** from 0 to 5

- 0 = no pain
- 1 = slight - hardly noticeable
- 2 = mild - bothersome
- 3 = moderate - nagging
- 4 = moderately severe - difficult to complete tasks
- 5 = severe - can't function

Select the terms that best describe your **head pain** (select all that apply).

- Constant
- Worsening
- Improving
- Intermittent
- Worse with activity
- Pressure
- Aching
- Shooting or sharp
- None

Rate your **energy level** from 0 to 5

- 0 = no fatigue – good energy
- 1 = slight fatigue – a little tired
- 2 = mild fatigue – noticeable
- 3 = moderate fatigue – affecting daily tasks
- 4 = moderately severe fatigue – need to take a nap
- 5 = severe fatigue - can't function

Select the terms that best describe your **energy level** (select all that apply).

- Fatigue, tired
- Hard to get out of bed
- Exhausted
- Sluggish
- Constant
- Up and down
- Lower in afternoon



- Feel great all day

*Rate the quality of your **sleep** from 0 to 5*

0 = great sleep, 7-9 hours

1 = overslept, 9+ hours

2 = restless, wake up tired

3 = difficult to fall asleep and stay asleep

4 = poor sleep, awake every few hours

5 = insomnia, no sleep or very little

*Select the terms that best describe the quality of your **sleep** (select all that apply).*

- Normal sleep patterns
- Deep
- Shallow
- Interrupted
- Short duration (<6 h night)
- Long duration (>9 h night)
- Lots of dreams
- Nightmares

*Rate your **mood** from 0 to 5*

0 = happy, calm

1 = happy most of the time

2 = slight irritability or anxiety

3 = mood swings, anxiety, depression, and/or anger

4 = unstable moods affecting relationships and/or work

5 = severe anxiety and/or depression, suicidal thoughts

*Select the terms that best describe your **mood** (select all that apply).*

- Calm
- Happy
- Anxious
- Depressed
- Angry
- Sad
- Labile
- Complacent
- Irritable
- Frustrated
- Suicidal



Rate your **motivation** from 0 to 5

- 0 = motivated, eager to complete tasks
- 1 = motivated most of the time
- 2 = feeling consistently lazy
- 3 = loss of desire to do daily tasks
- 4 = unmotivated most of the time
- 5 = complete loss of motivation, unable to complete anything

Select the terms that best describe your **motivation** (select all that apply).

- Motivated
- Low desire
- Low motivation
- Indecisive
- Unfocused
- Procrastination
- Loss of goal orientation
- Unable to take care of self

Rate the quality of your short-term **memory** from 0 to 5

- 0 = good, solid
- 1 = slightly forgetful
- 2 = consistently forgetful
- 3 = can't remember names, dates, and places
- 4 = need external reminders, can't remember daily activities
- 5 = severe memory loss, incoherent

Select the terms that best describe the quality of your **memory** (select all that apply).

- Clear
- Detailed
- Intermittent
- Repeating oneself
- Family complaints
- Forgetful
- Dementia
- Unable to remember numbers
- Unable to remember words
- Long-term memory affected
- Confused



Rate your **balance** from 0 to 5

- 0 = Stable
- 1 = Slightly unstable
- 2 = Vertigo at times
- 3 = Unsteady on feet
- 4 = Unable to walk without assistance
- 5 = Unable to stand without assistance

Select the terms that best describe the quality of your **balance** (select all that apply).

- Balanced
- Coordinated
- Loss of coordination
- Decreased strength in one or more extremities
- Walking into things
- Having to grasp for things
- Falling over
- Dizzy

Rate the quality of your relationships and social **interactions** from 0 to 5

- 0 = good, dependable, social
- 1 = feel disconnected at times
- 2 = argumentative or distant
- 3 = pushing away friends and family
- 4 = no desire to go into public
- 5 = no personal relationships, seeking isolation

Select the terms that best describe your social **interactions** (select all that apply).

- Good, stable
- Positive and supportive
- Argumentative
- Difficult
- Stressful to be around others
- Needy
- Can't handle crowds
- Exhausting
- Annoyed easily by others
- Antisocial

Rate the quality of your **diet** from 0 to 5

- 0 = healthy balanced diet with vegetables and proteins



- 1 = some sugary treats or refined carbs
- 2 = little vegetables, mostly refined carbs
- 3 = packaged foods, sugary treats, over-eating
- 4 = no vegetables, poor protein intake
- 5 = malnourished, not eating enough

Select the terms that best describe your **diet** (select all that apply).

- Ketogenic
- Lack of appetite
- Over-eating
- Crave sugar all the time
- Consistent snacking
- Nausea
- Abdominal pain
- Diarrhea
- Bulimic/purging after meals
- Anorexic

Rate the quality of your **activity** level from 0 to 5

- 0 = good habits, exercising 5x a week
- 1 = intermittent exercise 2-3x a week
- 2 = inconsistent exercise, once a week sometimes
- 3 = no exercise routine
- 4 = lack of movement and weight gain
- 5 = completely sedentary

Select the terms that best describe your **activity** level (select all that apply).

- Training
- Weightlifting
- Aerobic exercise
- Yoga and stretching
- Loss of strength
- Lazy
- Weak
- Physical fatigue
- Unmotivated
- Loss of coordination
- Physical pain from activity