



# HAS YOUR HEAD BEEN HURT?

When your head, neck, or face gets hurt, the injuries might not be visible or show up right away but can impact your brain and your life in many ways. Please complete this CHATS form and work with your advocate to get support after a head injury.

## C

Has anyone ever put their hands around your neck, put something over your mouth, or done anything else that made you feel **choked**, strangled, suffocated, or like you couldn't breathe? **YES NO**

Have you ever passed out or lost **consciousness** from an overdose or drug use, a medical issue, or something else? **YES NO**

## H

Have you ever been **hit or hurt** in the **head, neck, or face**? **YES NO**

Have you ever **hurt your head, neck, or face** in any other way? Like hitting your head on something, in a fall or accident, while using alcohol or drugs, severe shaking, or a car crash? **YES NO**

## A

**After** you were hurt, did you ever feel dazed, confused, dizzy or in a fog, see stars, spots, or have trouble seeing clearly, couldn't remember what happened, or blacked out? (Doctors call this *altered consciousness*.) **YES NO**

Has any of the above happened recently? If yes, how long ago? \_\_\_\_\_ **YES NO**

Has any of the above happened more than once? **YES NO**

Are you currently having **trouble** with anything below? Circle all that apply:

## T

PHYSICAL	EMOTIONS	THINKING	ACCESS TO
Headaches	Worries and fears	Remembering things	Food
Sleeping problems	Panic attacks	Multi-tasking	Health Care/Insurance
Sensitive to light or noise	Flashbacks	Paying attention or focusing	Employment
Vision problems	Sadness	Problem solving	Housing
Dizziness	Depression	Getting things started	Utilities
Balance problems	Hopelessness	Figuring out what to do next	Transportation
Fatigue	Anger or rage	Organizing things	Childcare
Seizures	Irritable	Controlling emotions or reactions	Phone

Are you having thoughts of suicide? **YES NO**

Are you struggling with alcohol or drugs? **YES NO**

Are you having any other health issues you want to share with us? **YES NO**

## S

Even if you did not go, have you or anyone else (like a friend or family member) ever thought you should **see a doctor or a counselor**, go to the emergency room, or get help for anything above? **YES NO**

Do you want to **see** anyone for or need help with anything above? **YES NO**



CONNECT  
ACKNOWLEDGE  
RESPOND  
EVALUATE

# WE CAN HELP!

## RESOURCES FOR HEALING



An advocate can give you a copy of **JUST BREATHE** and **INVISIBLE INJURIES**.

**JUST BREATHE** has self-care ideas for better sleep, calming your body, managing anger, and more!

**INVISIBLE INJURIES** has more information about what happens when your head has been hurt and coping with common physical, emotional, and thinking challenges.

## DAILY LIFE

We want to make our services work for you. Here are some ways we might be able to help. We can also come up with other ideas.

PHYSICAL	EMOTIONS	THINKING
Provide ear plugs and/or sleep masks to help with sleep	Create a CARE plan with an advocate and use other resources in <b>JUST BREATHE</b>	Creating checklists or calendars
Use sunglasses or adjust light as needed for light sensitivity	Extra check-ins	Shorter and more frequent meetings with staff; written summaries shared if helpful
For balance and dizziness challenges, assignment to a ground floor room if possible and help decluttering	Identifying and limiting triggers	Creating a routine
	Help identify supports and coping strategies	Making appointments for time of day that you are most alert and clear

## HEAD TRAUMA INFORMATION

Referral to: \_\_\_\_\_

**RECENT**

On \_\_\_\_\_ (date), I:

- Was choked or strangled
- Was hit on the head
- Experienced altered consciousness

What I noticed immediately after:

\_\_\_\_\_

I have a prior history of:

- Being choked or strangled
- Being hit on the head
- Experiencing altered consciousness

Approximate Number of Times: \_\_\_\_\_

Most Recent Time (date): \_\_\_\_\_

**HISTORY**

I am most concerned about: \_\_\_\_\_