Subj ID or MRN: ☐☐☐☐☐☐☐ **Visit Tag:** ______ **Date:** ☐☐ - ☐☐☐ - ☐☐☐☐ (DD MMM YYYY)

Structured Interview for Potential Concussive Event (PCE) Mapping

Table a: Other PCE Mapping Table a - **Other Potential Concussive Events** During Lifetime

CDI Needed?	Date (MMM/YYYY)	During Combat Deployment?	Cause	Controlled/ Uncontrolled**	Description	Lose consciousness?	If Yes, how long were you unconscious?	Gap in your memory?	Dazed right after this incident?
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No

**** Applies only to blast events.**

Subj ID or MRB: ☐☐☐☐☐☐☐ **Visit Tag:** ______ **Date:** ☐☐ - ☐☐☐ - ☐☐☐☐
(DD MMM YYYY)

Structured Interview for Potential Concussive Event (PCE) Mapping

Table b: Additional Other PCEs Mapping Table b - **Other Potential Concussive Events** During Lifetime

CDI Needed?	Date *(MMM/YYYY)*	During Combat Deployment?	Cause	Controlled/ Uncontrolled**	Description	Lose con-sciousness?	If Yes, how long were you unconscious?	Gap in your memory?	Dazed right after this incident?
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No

**** Applies only to blast events.**

CENC-External PCE Mapping Tables (for recording screening data on Other PCEs gathered with cue cards) – v1

Subj ID or MRN: ☐☐☐☐☐☐☐ **Visit Tag:** ______ **Date:** ☐☐ - ☐☐☐ - ☐☐☐☐
(DD MMM YYYY)

Structured Interview for Potential Concussive Event (PCE) Mapping

Table c: Additional Other PCE Mapping Table c - **Other Potential Concussive Events** During Lifetime

CDI Needed?	Date *(MMM/YYYY)*	During Combat Deployment?	Cause	**Controlled/ Uncontrolled****	Description	Lose con-sciousness?	If Yes, how long were you unconscious?	Gap in your memory?	Dazed right after this incident?
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐ ☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No

**** Applies only to blast events.**

Subj ID or MRN: ☐☐☐☐☐☐☐ **Visit Tag:** ______ **Date:** ☐☐ - ☐☐☐ - ☐☐☐☐
(DD MMM YYYY)

Structured Interview for Potential Concussive Event (PCE) Mapping

Table d: Additional Other PCE Mapping Table d - **Other Potential Concussive Events** During Lifetime

CDI Needed?	Date *(MMM/YYYY)*	During Combat Deployment?	Cause	Controlled/ Uncontrolled**	Description	Lose consciousness?	If Yes, how long were you unconscious?		Gap in your memory?	Dazed right after this incident?
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐	☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐	☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐	☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐	☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No
☐Yes ☐No	_ _ _/_ _ _ _	☐Combat ☐Noncombat				☐ Yes ☐ No	☐☐☐	☐Seconds ☐Minutes ☐Hours	☐ Yes ☐ No	☐ Yes ☐ No

**** Applies only to blast events.**