

Subject ID:

Date:   -    -      
(DD)                      MMM                      YYYY)

Visit:  Baseline

**Structured Interview for Potential Concussive Event (PCE) Mapping**

**Coordinator: Please administer interview to participant.**

**Part 1: Section I: Combat Deployment Surface Mapping for Events Needing CDI**

**Preparatory statement [Interviewer states to participant]:** During this interview I will be looking for all possible head injuries you may have had during your life-time. How long this takes varies, if you get fatigued let me know and we can take a break from the interview. The first section will concentrate on events during any of your combat deployments. Some of the question may seem repetitive, but it is important that we gather as many details as possible.

1. During any of your combat deployments was your head or neck ever injured or possibly injured?  Yes **If Yes, complete question 2a.**  
 No **If No, skip to PCE Mapping Part 1, Section II (question 6a) and for the next 3 events found during Combat PCE mapping conduct CDI.**

2a. I'd like you to think about the incident that was the worst in terms of possible immediate or after effects to your head; what date (month, year) did that worst incident take place (or when was the only one)?  
 Date:    -      
(MMM)                      YYYY)

**If multiple PCEs are equally worst and subject is unable to distinguish, then use the first one (of the equally worst PCEs) for question 2a and the second sequential one for question 4a.**

- 2b. Was it related to a blast or explosion?  Yes **If Yes, conduct the blast CDI interview**  
 No **If No, conduct the general CDI interview**

3. Were there any other times that you may have injured your head or neck during combat deployment?  Yes **If Yes, complete question 4a.**  
 No **If No, skip to PCE Mapping Part 1, Section II (question 6a) and for the next 2 events found during Combat PCE mapping conduct CDI.**

4a. Now think about the second worst incident in terms of possible immediate or after effects to your head; what date (month, year) did that take place (or when was the only other one)?  
 Date:    -      
(MMM)                      YYYY)

- 4b. Was it related to a blast or explosion?  Yes **If Yes, conduct the blast CDI interview**  
 No **If No, conduct the general CDI interview**

Subject ID:

Date:   -    -      
(DD)                      MMM                      YYYY)

Visit:  Baseline

**Part 1: Section I, continued:** Combat Deployment Surface Mapping for Events Needing CDI

5a. Were there any other times that you may have injured your head or neck during combat deployment?

- Yes If Yes, go to question 5b
- No If No, follow the instructions below question 5d

5b. Now I want you to think about the very first time you may have injured your head or neck during a combat deployment.

Was the very first time (longest time ago) either of the 2 incidents you already told me about or a different incident?

- Same (first PCE was worst or 2nd worst PCE) **If same, go to question 6a (PCE mapping Part 1, Section II)**
- Different (first was not worst or 2nd worst PCE) **If different, go to question 5c**

5c. When was the first time you may have injured your head or neck during a combat deployment?

Date:    -      
(MMM)                      YYYY)

5d. Was it related to a blast or explosion?

- Yes If Yes, conduct the blast CDI interview
- No If No, conduct the general CDI interview

**Interviewer instructions:** If you have reached this point then at least 3 PCEs during combat deployment have already been identified and undergone CDI. Go to PCE Mapping Part 1 Section II (question 6a). During remainder of Part I Combat Deployment PCE mapping (sections II – IV) do not conduct any more CDI follow on interviews. Instead, for each and every additional PCE identified in sections II-IV complete information in Combat Deployment PCE Mapping Table using deployment cue cards as appropriate (i.e. either Blast, Non-blast open-ended, or Non-blast close ended cue card as per instructions given).]

Subject ID: Date:  -  -   
(DD) (MMM) (YYYY)Visit:  Baseline**Structured Interview for Potential Concussive Event (PCE) Mapping****Part 1: Section II: Combat Deployment - Other Blast Exposures During Deployment (s)**

**Interviewer:** Have PCE cue cards and "other" PCE mapping tables handy to collect further information on yes responses. If < 3 deployment CDIs have been conducted then also have blank blast CDIs handy to conduct up to 3 deployment CDIs.

**Preparatory statement [Introductory Script]:** "You have already told me about some events during deployment that you may have injured your head or neck." {if no PCEs found in Section I instead say: "You have already told me that you did not have any events during deployment where you may have injured your head or neck.} Now, to make sure we cover every possibility, I am going to ask about some specific scenarios. You do not need to tell me again about events you already mentioned. So only think about other times you may have injured your head or neck during a combat deployment."

**6a.** During (any of) your combat deployment (s), were you ever nearby when  Yes **If Yes, complete go to question 6b.**  
a **controlled** detonation took place (such as breaching tactics)?  No **If No, go to question 6f.**

**6b.** About how many times during your combat deployment (s) were you nearby when a controlled detonation occurred?

 

**Interviewer:** If a range is provided, then record the mid point of the range. Round up to nearest whole number if needed. If participant says a 100 or >, enter 99

**6c.** Which controlled detonation stands out or affected you most and when was it? (or when was the only one?). [If multiple controlled detonation exposures during deployment and subject is unable to decide which was worse then ask him to choose the first one]

Date:  -   
(MMM) (YYYY)

Ask screening questions on 6c event (worst controlled detonation) and record in Combat Deployment PCE Mapping Table [If needed, remind participant to answer only in relation to this worst (or first) controlled detonation exposure during deployment].

If screening responses are all "No" then mark "No" in "CDI Needed" column; but if no CDIs get done once through entirety of Part 1, then must come back, change mark to "Yes", and do full CDI on this controlled blast exposure].

Conversely, if any screening responses are "Yes" then:

- Enter or change to "Uncontrolled" in the Controlled/Uncontrolled column
- If < 3 CDIs have been performed so far in Part-1 then mark "Yes" for "CDI Needed" column and do full CDI on this event.
- Enter next worst controlled blast into table and repeat above steps until one is entered where all screening responses are "No"

**Interviewer:** If exposed to multiple controlled detonations also ask 6d and 6e. If exposed to only 1 controlled detonation then go to Qx# 6f after completing Table entry +/- CDI for event 6c.

Subject ID:

Date:   -    -      
(DD)                      MMM                      YYYY)

Visit:  Baseline

**Structured Interview for Potential Concussive Event (PCE) Mapping**

**Part 1: Section II continued: Combat Deployment - Other Blast Exposures During Deployment (s)**

6d. What was the approximate date (month and year) of the first one?

First:    -      
(MMM)                      YYYY)

**Interviewer:** If first controlled detonation incident is not the same as the worst one described in 6c then use Blast event cue-card to ask for information on this (first) controlled detonation event during deployment and record in Combat Deployment PCE Mapping Table.

6e. When was the most recent?

Most recent:    -      
(MMM)                      YYYY)

6f. Besides incidents that you already told me about, during (any of) your combat deployment (s), were you ever nearby when an **uncontrolled** explosion or a blast occurred?

- Yes    **If Yes, see interviewer instructions below**
- No     **If No, go to question 7 (Part 1, Section III)**

[This may include a controlled detonation when something went wrong that was not described earlier].

**Interviewer:** In completing table, every uncontrolled blast not previously recorded must be entered. If < 3 CDIs have been completed so far in Part-1, then for the worst one (or 2) enter "Yes" for "CDI needed" and do full CDI.

**Interviewer:** If **Yes**, for each and every additional blast incident either i) conduct blast CDI, or if >=3 deployment CDIs have already been completed then use blast event cue-card to ask for additional information and record in Combat Deployment PCE Mapping Table. If there are more than one uncontrolled blast events during deployment that have not already been interviewed then assess in chronological order starting with the first.

Subject ID: Date:  -  -   
(DD) (MMM) (YYYY)Visit:  Baseline**Structured Interview for Potential Concussive Event (PCE) Mapping****Part 1: Section III: Combat Deployment – Open-ended Other Head/Neck injuries (non blast) during deployment (s)**

**Interviewer:** Have PCE cue cards and "other" PCE mapping tables handy to collect further information on yes responses. If < 3 deployment CDIs have been conducted then also have blank general and blast CDIs handy to conduct up to 3 deployment CDIs.

7. During (any of) your combat deployment (s), were you ever medically evacuated or treated by your medic following a possible injury to your head or neck. Please do not include any incidents you already described?
- Yes If Yes, see interviewer instructions below.
- No If No, go to question 8 (Part 1,Section IV).

**Interviewer:** If **Yes**, for each and every additional treated/evacuated incident ask: "Was it related to a blast or explosion?" Also then:

- ⇒ **If blast related conduct either** i) blast CDI, or ii) if >=3 deployment CDIs have already been completed then use blast cue card to ask for additional information and record in Combat Deployment PCE Mapping Table.
- ⇒ **If non-blast conduct either** i) general CDI, or ii) if >=3 deployment CDIs have already been completed then use non-blast event Open-ended cue card to ask for additional information and record in Combat Deployment PCE Mapping Table.

If there are more than one evacuation/medic events during deployment that have not already been interviewed then assess in chronological order starting with the first.

Subject ID: Date:  -  -   
(DD) (MMM) (YYYY)Visit:  Baseline**Structured Interview for Potential Concussive Event (PCE) Mapping****Part 1: Section IV: Combat Deployment – Other Close-ended** Head/Neck injuries (non blast) during deployment (s)

**Interviewer:** Have PCE cue cards and "other" PCE mapping tables handy to collect further information on yes responses. If < 3 deployment CDIs have been conducted then also have blank general CDIs handy to conduct up to 3 deployment CDIs.

8. During (any of) your combat deployment (s), did you ever injure your head or neck in a moving vehicle accident that you have not already described for me (i.e. not including any incidents mentioned during PCE mapping or CDI)?
- Yes **If Yes, see interviewer instructions below**
- No **If No, go to question 9.**

**Interviewer:** If **Yes**, for each and every additional MVA incident either i) conduct general CDI, or ii) if  $\geq 3$  deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Combat Deployment PCE Mapping Table. If there are more than one MVA events during deployment that have not already been interviewed then assess in chronological order starting with the first.

9. During (any of) your combat deployment (s), did you ever injure your head or neck in a fall or from being hit by something that you have not already described for me (not including any incidents mentioned during PCE mapping or CDI)?
- Yes **If Yes, see interviewer instructions below**
- No **If No, go to question 10.**

**Interviewer:** If **Yes**, for each and every additional fall/hit incident either i) conduct general CDI, or ii) if  $\geq 3$  deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Combat Deployment PCE Mapping Table. If there are more than one fall/hit events during deployment that have not already been interviewed then assess in chronological order starting with the first.

Subject ID: Date:  -  -   
(DD) (MMM) (YYYY)Visit:  Baseline**Structured Interview for Potential Concussive Event (PCE) Mapping****Part 1: Section IV continued: Combat Deployment – Other Close-ended Head/Neck injuries (non blast) during deployment (s)**

10. During (any of) your combat deployment (s), did you ever injure your head or neck from being physically assaulted; that is in a fight, from being hit by someone, or from being shaken violently that you have not already described for me (not including any incidents mentioned during the earlier PCE mapping or CDI)?
- Yes If Yes, see interviewer instructions below
- No If No, go to question 11.

**Interviewer:** If Yes, for each and every additional assault incident either i) conduct general CDI, or ii) if  $\geq 3$  deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Combat Deployment PCE Mapping Table. If there are more than one assault events during deployment that have not already been interviewed then assess in chronological order starting with the first.

11. Have you ever been shot in the head during your deployment (s) that you have not already described for me?
- Yes If Yes, see interviewer instructions below
- No If No, end of PCE mapping Part 1, go to Part 2, Section V (question 12)  
If Part 1 was lengthy or difficult for participant give break from interview session before starting Part 2

**Interviewer:** If Yes, for each and every additional shooting incident either i) conduct general CDI, or ii) if  $\geq 3$  deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Combat Deployment PCE Mapping Table. If there are more than one shooting events during deployment that have not already been interviewed then assess in chronological order starting with the first.

Subject ID:

Date:   -    -      
(DD) (MMM) (YYYY)

Visit:  Baseline

**Part 1:** Combat Deployment *Other* PCE Mapping Table (Controlled/Uncontrolled/Non-Blast)

Question	CDI Needed	Date (MMM/YYYY)	Cause	Type	Description	Lose consciousness	If Yes, how long were you unconscious	Gap in your memory?	Dazed right after this inci-
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Subject ID:

Date:   -    -      
(DD) (MMM) (YYYY)

Visit:  Baseline

**Part 1:** Combat Deployment *Other* PCE Mapping Table (Controlled/Uncontrolled/Non-Blast) *Additional Rows*

Question	CDI Needed	Date (MMM/YYYY)	Cause	Type	Description	Lose consciousness	If Yes, how long were you unconscious	Gap in your memory?	Dazed right after this inci-
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subject ID:

Date:   -    -      
(DD)                      MMM                      YYYY)

Visit:  Baseline

**Structured Interview for Potential Concussive Event (PCE) Mapping**

**Part 2: Section V: Non-deployment surface mapping for events needing CDI**

**Preparatory statement [Interviewer states to participant]:** “I have asked you so far about incidents during combat deployment. Now I am going to ask you about incidents that you may have had any other time in your life. Think about any childhood injuries you remember or were told about. Also, think about military career injuries outside of combat deployment.”

12. Outside of deployments, at any time in your life was your head or neck ever injured or possibly injured?

- Yes If Yes, go to question 13a.
- No If No, skip to PCE Mapping Part 2, Section VI (question 17) and for the next 3 events found during Non-deployment PCE mapping conduct CDI.

13a. I'd like you to think about the non-deployment incident that was the worst in terms of possible immediate or after effects to your head; this could even include childhood injuries; what date (month, year) did that worst incident take place (or when was the only one)?

Date:    -      
(MMM)                      YYYY)

If multiple PCEs are equally worst and subject is unable to distinguish, then use the first one (of the equally worst PCEs) for question 13a and the second sequential one for question 15a.

13b. Was it related to a blast or explosion?

- Yes If Yes, conduct the blast CDI interview
- No If No, conduct the general CDI interview

14. Were there any other times that you may have injured your head or neck outside of deployment?

- Yes If Yes, go to question 15a.
- No If No, skip to PCE Mapping Part 2, Section VI (question 17) and for the next 2 events found during Combat PCE mapping conduct CDI.

15a. Now think about the second worst incident in terms of possible immediate or after effects to your head; what date (month, year) did that take place (or when was the only other one)?

Date:    -      
(MMM)                      YYYY)

15b. Was it related to a blast or explosion?

- Yes If Yes, conduct the blast CDI interview
- No If No, conduct the general CDI interview

Subject ID:

Date:   -    -      
(DD)                      MMM                      YYYY)

Visit:  Baseline

**Part 2: Section V, continued:** Non-deployment surface mapping for events needing CDI

16a. Were there any other times that you may have injured your head or neck during your life (outside of deployment)?

- Yes **If Yes, go to question 16b**
- No **If No, follow the instructions below question 16d**

16b. Now I want you to think about the very first time you may have injured your head or neck outside of combat deployment. This could include childhood accidents.

- Same (first PCE was worst or 2nd worst PCE) **If same, go to question 17 (PCE mapping Part 2, Section VI)**
- Different (first was not worst or 2nd worst PCE) **If different, go to question 16c**

Was the very first time (longest time ago) either of the 2 incidents you already told me about or a different incident?

16c. When was the first time you may have injured your head or neck outside of combat deployment?

Date:    -      
(MMM)                      YYYY)

16d. Was it related to a blast or explosion?

- Yes **If Yes, conduct the blast CDI interview**
- No **If No, conduct the general CDI interview**

**Interviewer instructions:** If you have reached this point then at least 3 PCEs during life outside of deployment have already been identified and undergone CDI. Go to PCE Mapping Part 2, Section VI (page 14). During remainder of Non-deployment PCE mapping (sections VI – VII) do not conduct any more CDI follow on interviews. Instead, for each and every additional PCE identified in sections VI-VII complete information in Non-Deployment PCE Mapping Table using deployment cue cards as appropriate (i.e. either Blast, Non-blast open-ended, or Non-blast close ended cue card as per instructions given).

Subject ID: Date:  -  -   
(DD) (MMM) (YYYY)Visit:  Baseline**Structured Interview for Potential Concussive Event (PCE) Mapping****Part 2: Section VI: Non-deployment Other Open-Ended PCEs**

**Interviewer:** Have PCE cue cards and "other" Non-deployment PCE mapping table handy to collect further information on yes responses. If < 3 Non-deployment CDIs have been conducted then also have blank general and blast CDIs handy to conduct up to 3 deployment CDIs.

**Preparatory statement [Introductory Script]:** You have already told me about some events outside of deployment that you may have injured your head or neck. {if no PCEs found in Section V instead say: You have already told me that you did not have any events during your life outside of deployment where you may have injured your head or neck.} Now, to make sure we cover every possibility, I am going to ask about some specific scenarios. You do not need to tell me again about events you already mentioned. So only think about other times you may have injured your head or neck.

17. In your lifetime, have you ever been hospitalized or treated in an emergency room following a possible injury to your head or neck that you have not already told me about? Think about any childhood injuries you remember or were told about (Also, think about military career injuries outside of combat deployment).

Yes If Yes, see interviewer instructions below.

No If No, go to Part 2, Section VII (question 18).

**Interviewer:** If Yes, for each and every additional Hospital/ER incident ask: Was it related to a blast or explosion? Also then:

⇒ If blast related conduct either i) blast CDI, or ii) if >=3 Non-deployment CDIs have already been completed then use blast cue card to ask for additional information and record in Non-Deployment PCE Mapping Table.

⇒ If non-blast conduct either i) general CDI, or ii) if >=3 Non-deployment CDIs have already been completed then use non-blast event Open-ended cue card to ask for additional information and record in Non-Deployment PCE Mapping Table.

If there are more than one hospital/ER events outside of deployment that have not already been interviewed then assess in chronological order starting with the first.

Subject ID: Date:  -  -   
(DD) (MMM) (YYYY)Visit:  Baseline

## Structured Interview for Potential Concussive Event (PCE) Mapping

**Part 2: Section VII: Non-deployment Other Close-Ended PCEs**

18. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV? Please do not include any incidents you already described.
- Yes If Yes, see interviewer instructions below.
- No If No, go to question 19.

**Interviewer:** If Yes, for each and every additional MVA incident either i) conduct general CDI, or ii) if  $\geq 3$  Non-deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Non-Deployment PCE Mapping Table. If there are more than one MVA events outside of deployment that have not already been interviewed then assess in chronological order starting with the first.

19. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock) that you have not already described for me?
- Yes If Yes, see interviewer instructions below.
- No If No, go to question 20.

**Interviewer:** If Yes, for each and every additional fall/hit incident either i) conduct general CDI, or ii) if  $\geq 3$  Non-deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Non-Deployment PCE Mapping Table. If there are more than one fall/hit events outside of deployment that have not already been interviewed then assess in chronological order starting with the first.

Subject ID: Date:  -  -   
(DD) (MMM) (YYYY)Visit:  Baseline

## Structured Interview for Potential Concussive Event (PCE) Mapping

**Part 2: Section VII continued:** Non-deployment **Other Close-Ended** PCEs

20. Have you ever injured your head or neck playing sports or on the playground?
- Yes If Yes, see interviewer instructions below.
- No If No, go to question 21.

**Interviewer:** If **Yes**, for each and every additional sports/playground incident either i) conduct general CDI, or ii) if  $\geq 3$  Non-deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Non-Deployment PCE Mapping Table. If there are more than one sports/playground events outside of deployment that have not already been interviewed then assess in chronological order starting with the first.

21. In your lifetime, have you ever injured your head or neck from being physically assaulted; that is in a fight, from being hit by someone, or from being shaken violently that you have not already described for me?
- Yes If Yes, see interviewer instructions below.
- No If No, go to question 22.

**Interviewer:** If **Yes**, for each and every additional assault incident either i) conduct general CDI, or ii) if  $\geq 3$  Non-deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Non-Deployment PCE Mapping Table. If there are more than one assault events outside of deployment that have not already been interviewed then assess in chronological order starting with the first.

Subject ID:

Date:   -    -      
(DD)                      MMM                      YYYY)

Visit:  Baseline

**Structured Interview for Potential Concussive Event (PCE) Mapping**

**Part 2: Section VII continued: Non-deployment Other Close-Ended PCEs**

22. Have you ever been shot in the head (that you have not already told me about)?  Yes **If Yes, see interviewer instructions below.**  
 No **If No, go to question 23a.**

**Interviewer:** If **Yes**, for each and every additional shooting incident either i) conduct general CDI, or ii) if  $\geq 3$  Non-deployment CDIs have already been completed then use non-blast event Close Ended cue-card to ask for additional information and record in Non-Deployment PCE Mapping Table. If there are more than one shooting events outside of deployment that have not already been interviewed then assess in chronological order starting with the first.

23a. During any military training **before** or **after** combat deployment, were you ever nearby when a controlled detonation took place (such as breaching tactics)?  Yes **If Yes, go to question 23b.**  
 No **If No, go to question 24.**

23b. About how many times outside of your combat deployment (s) were you nearby when a **controlled** detonation occurred?

**Interviewer:** If a range is provided, then record the mid point of the range. Round up to nearest whole number if needed. If participant says a 100 or >, enter 99

23c. Which controlled detonation stands out or affected you most and when was it? (or when was the only one?).  
*[If multiple controlled detonation exposures outside of deployment and subject is unable to decide which was worse then ask him to choose the first one.]*

Date:    -      
(MMM)                      YYYY)

Ask screening questions on 23c event (worst controlled detonation) and record in Non-Deployment PCE Mapping Table [If needed, remind participant to answer only in relation to this worst (or first) controlled detonation exposure during deployment].

If screening responses are all “No” then mark “No” in “CDI Needed” column; but if no CDIs get done once through entirety of Part 2, then must come back, change mark to “Yes”, and do full CDI on this controlled blast exposure].

Conversely, if any screening responses are “Yes” then:

- Enter or change to “Uncontrolled” in the Controlled/Uncontrolled column
- If < 3 CDIs have been performed so far in Part-2 then mark “Yes” for “CDI Needed” column and do full CDI on this event.
- Enter next worst controlled blast into table and repeat above steps until one is entered where all screening responses are “No”

**Interviewer:** If exposed to multiple controlled detonations also ask 23d and 23e. If exposed to only 1 controlled detonation then then done with PCE Part 2 after finishing CDI or Table screening for event 23c.

Subject ID:

Date:   -    -      
(DD) (MMM) (YYYY)

Visit:  Baseline

**Structured Interview for Potential Concussive Event (PCE) Mapping**

**Part 2: Section VII continued: Non-deployment Other Close-Ended PCEs**

23d. What was the approximate date (month and year) of the first one?

First:    -      
(MMM) (YYYY)

23e. When was the most recent?

Most recent:    -      
(MMM) (YYYY)

**Interviewer:** If first controlled detonation incident is not the same as the worst one described in 23c then use Blast event cue-card to ask for information on this (first) controlled detonation event outside of deployment and record in Non-Deployment PCE Mapping Table.

24. In your lifetime, have you ever been nearby when an **uncontrolled** explosion or a blast occurred that you have not already told me about? If you served in the military, think about any off deployment training-related incidents that you did not already tell me about?

- Yes If Yes, see interviewer instructions below
- No If No, PCE mapping interview is complete.

**Interviewer:** If **Yes**, for each and every additional blast incident either i) conduct blast CDI, or if >=3 Non-deployment CDIs have already been completed then use blast event cue-card to ask for additional information and record in Non-Deployment PCE Mapping Table. If there are more than one blast events outside of deployment that have not already been interviewed then assess in chronological order starting with the first.

**\*\*\*PCE Mapping Interview Complete\*\*\***



Subject ID:

Date:   -    -      
(DD) (MMM) (YYYY)

Visit:  Baseline

**Part 2:** Non-Deployment *Other* PCE Mapping Table (Controlled/Uncontrolled/Non-Blast)

Question	CDI Needed	Date (MMM/YYYY)	Cause	Type	Description	Lose consciousness	If Yes, how long were you unconscious	Gap in your memory?	Dazed right after this inci-
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___-___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subject ID:

Date:   -    -       
(DD) (MMM) (YYYY)

Visit:  Baseline

**Part 2:** Non-Deployment *Other* PCE Mapping Table (Controlled/Uncontrolled/Non-Blast) *Additional Rows*

Question	CDI Needed	Date (MMM/YYYY)	Cause	Type	Description	Lose consciousness	If Yes, how long were you unconscious	Gap in your memory?	Dazed right after this inci-
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___		<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-blast		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No