

If You Know Anyone Who Has Been In A Recent Accident Read
This....

Attention

ACCIDENT VICTIM....!

**“THIS SPECIAL REPORT GIVES YOU VITAL
INFORMATION YOU NEED TO KNOW
ABOUT BRAIN INJURIES**

By

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Would you recognize someone with a brain injury? Each year in America, one million people are seen by medical doctors due to a blow to the head. Of that number, 50,000 to 100,000 have prolonged problems that will affect their ability to work and/or affect their daily lives. Many times a rear end collision can cause a traumatic brain injury (TBI). You don't have to be traveling at a high rate of speed to get a head injury. Nor do you have to hit your head on an object (steering wheel, windshield) to injure the brain. Even at moderate rates of speed, traumatic brain injuries can and do occur. Another common misconception is that if you had a CT scan or MRI of your brain and it was normal you can't have a brain injury. This is **FALSE**. In a number of medical studies with people who have head injuries, only 10 to 15 percent had "positive" CT Scans or MRI findings. By the way, a "positive" in the medical business is NOT a good thing. It means that they found something that is abnormal in the brain. The reason the injury doesn't appear on a CT scan or MRI is that the damage is done at a cellular level that simply can't be seen by CT scans or MRI imaging.

Does someone you know suffer several of these symptoms after being involved in a car wreck or fall?

- | | | |
|---------------------------|--------------------------|-------------------------------|
| 1. Impaired memory | 2. Heaches | 3. Problems getting organized |
| 4. Problems multi-tasking | 5. Getting overloaded | 6. Sleep problems |
| 7. Fatigue | 8. Personality changes | 9. Mood swings |
| 10. Anger and Depression | 11 Word finding problems | 12. Difficulty concentrating |

If so they could have a brain injury and not yet realize it.

COMMON INDICATORS OF A HEAD INJURY

This questionnaire is not meant to be a formal "test" to see if you have a head injury. If you have multiple "YES" answers, bring this questionnaire to your doctor. Additional tests (medical and neuropsychological) maybe ordered.

HEADACHES

- Yes No Do you have more headaches since the injury or accident?
- Yes No Do you have pain in the temples or forehead?
- Yes No Do you have pain in the back of the head (sometimes the pain will start at the back of the head and extend to the front of the head)?
- Yes No Do you have episodes of very sharp pain (like being stabbed) in the head which

lasts from several seconds to several minutes?

MEMORY

- Yes No Does your memory seem worse following the accident or injury?
- Yes No Do you seem to forget what people have told you 15 to 30 minutes ago?
- Yes No Do family members or friends say that you have asked the same question over and over?
- Yes No Do you have difficulty remembering what you have just read?

WORD-FINDING

- Yes No Do you have difficulty coming up with the right word (you know the word that you want to say but can't seem to "spit it out")?

FATIGUE

- Yes No Do you get tired more easily (mentally and/or physically)?
- Yes No Does the fatigue get worse the more you think or in very emotional situations?

CHANGES IN EMOTION

- Yes No Are you more easily irritated or angered (seems to come on quickly)?
- Yes No Since the injury, do you cry or become depressed more easily?

CHANGES IN SLEEP

- Yes No Do you keep waking up throughout the night and early morning?
- Yes No Do you wake up early in the morning (4 or 5 a.m.) and can't get back to sleep?

ENVIRONMENTAL OVERLOAD

- Yes No Do you find yourself easily overwhelmed in noisy or crowded places (feeling overwhelmed in a busy store or around noisy children)?

IMPULSIVENESS

- Yes No Do you find yourself making poor or impulsive decisions (saying things "without thinking" that may hurt others feelings; increase in impulse buying?)

CONCENTRATION

- Yes No Do you have difficulty concentrating (can't seem to stay focused on what you are doing)?

DISTRACTION

- Yes No Are you easily distracted (someone interrupts you while you are doing a task and you lose your place)?

ORGANIZATION

Yes No Do you have difficulty getting organized or completing a task (leave out a step in a recipe or started multiple projects but don't complete them)?

_____ **Total Number of Yes Answers**

If you have 5 or more Yes answers,
discuss the results of this questionnaire with your doctor