

## Nebraska VR Acquired Brain Injury (ABI) Interview Form

10/2025

Use this form to guide your interview with an individual answering "Yes" or "Not sure" to the ABI pre-screening question on their VR application. Use it anytime an individual indicates they may have experienced an ABI. Do not give it to the individual to complete on their own.

Step 1. Share the What to Expect During Nebraska VR A	<i>BI Interview</i> handou	it with the individual <i>before</i> completing the interview.							
Name:	Date:	VR Specialist:							
Age:	Veteran: ☐ Ye	Veteran: ☐ Yes ☐ No							
In competitive, integrated employment:   Yes   No	In school or training: ☐ Yes ☐ No								
<b>Step 2.</b> Prompt the individual to think about all injuries <i>fro</i> recall but others may have told them about.	om external, physica	I forces that may have occurred at any age, including those that they don't							
"In your lifetime (including childhood) have you ever accident, fall, fight, gunshot, explosion, contact spor	•	face or neck (e.g. from shaking, car or other moving vehicle e, etc.)?" If yes, note the details below:							
Injury #1:	Age:	Were you hospitalized or treated in the ER? ☐ Yes ☐ No							
Did you lose consciousness? ☐ Yes ☐ No If yes, for	now long?								
Were you dazed or did you have a memory gap at the tin	ne of injury? 🗌 Yes	☐ No If yes, for how long?							
Injury #2:	Age:	Were you hospitalized or treated in the ER? ☐ Yes ☐ No							
Did you lose consciousness? ☐ Yes ☐ No If yes, for	how long?								
Were you dazed or did you have a memory gap at the tin	ne of injury? 🗌 Yes	☐ No If yes, for how long?							
Injury #3:	Age:	Were you hospitalized or treated in the ER? ☐ Yes ☐ No							
Did you lose consciousness? ☐ Yes ☐ No If y	es, for how long? _								
Were you dazed or did you have a memory gap at the tin	ne of injury? 🗌 Yes	☐ No If yes, for how long?							
"Was there a time when you received repeated impacted.)?" If yes, note the details below:	ts to your head (fro	om shaking, contact sports, military service, interpersonal violence,							
Description:		From approximately age to age							
Were you hospitalized or treated in the ER? ☐ Yes ☐ N	lo								

Step 3. Prompt the individual to think about all illnesses or internal, health conditions that may have occurred at any age, including those that they don't recall but others may have told them about. "In your lifetime (including childhood) have you ever experienced an illness or health condition that affected your brain (e.g. cancer, cancer treatment, stroke, meningitis, West Nile, COVID-19, seizure disorder, tumor, near-drowning, poisoning, etc.)?" If yes, note the details below: Illness/Condition #1 Age: Were you hospitalized or treated in the ER? Yes No Did you lose consciousness? ☐ Yes ☐ No If yes, for how long? Were you dazed or did you have a memory gap at the time? ☐ Yes ☐ No If yes, for how long? Illness/Condition #2: Were you hospitalized or treated in the ER? 

Yes 
No Did you lose consciousness? ☐ Yes ☐ No If yes, for how long? \_\_\_\_\_\_ Were you dazed or did you have a memory gap at the time? ☐ Yes ☐ No If yes, for how long? Illness/Condition #3 Age: Were you hospitalized or treated in the ER? \subseteq Yes \subseteq No Did you lose consciousness? ☐ Yes ☐ No If yes, for how long? Were you dazed or did you have a memory gap at the time? 

Yes 

No If yes, for how long? Step 4. Complete the Challenges Checklist with the individual to determine the functional impact of reported injuries, repeated impacts, illnesses or health conditions. Ask them to estimate how often the challenge occurs: Never = 0% of the time: Seldom = 1-20% of the time: Sometimes = 21-50% of the time; Often = 51-70% of the time; Always = 71-100% of the time; Depends = If the challenge occurs only in certain situations or environments, add a description. "In the time since the injury, illness or condition we talked about, how often..." Attention/Concentration Never Seldom Sometimes Depends Often Always 1. Do you have difficulty concentrating on tasks? 2. Do you get distracted and forget to finish a task? Memory 3. Do your memory problems interfere with getting things done on time? 4. Do you struggle to remember what people have said to you?

5. Do you repeat yourself because you don't			
remember what you told someone?			
6. Do you have difficulty keeping track of			
appointments?			
Auditory/Visual Processing			
7. Do you have difficulty completing multi-step			
tasks?			
8. Do you have difficulty following verbal (spoken)			
instructions?			
9. Do you have difficulty following written			
instructions?			
10. Do you have difficulty reading maps or			
understanding diagrams or charts?			
Language/Communication			
11. Do you struggle to complete paperwork or steps			
to get the services you need?			
12. Do you have difficulty getting people to			
understand what you're trying to say?			
Organization			
13. Do you have difficulty staying organized or			
setting priorities?			
14. Do you have difficulty finding your notes or To			
Do lists?			
15. Do you have difficulty finding documents or			
other information you need?			
16. Do you struggle to track completed tasks and			
those that still need to be done?			
Executive Function			
17. Do you have difficulty estimating or managing			
time?			

18. Do you have difficulty getting ready for appointments or activities on time?						
19. Do you struggle to make decisions, solve problems and have good judgment?						
Inhibition/Impulsivity						
20. Do you say or do things without thinking first about the consequences?						
Emotional						
21. Do you feel exhausted or overwhelmed by your memory problems?						
22. Do you feel stress trying to remember your assignments or plans for the day?						
23. Do you sense that your behavior or social skills cause you problems?						
24. Do you fear that these problems will keep you from getting the job you want?						
25. Do you have other concerns that are not listed?						
Comments/Observations:						

**Step 5.** Enter all data from this form in QE2. From the Assessment tab on the individual's case home screen select "ABI Interview Forms", then click on "+ New ABI Interview Form". After entering all data, click on "Create ABI Interview Form" to save.

**Step 6.** On the ABI Interview Forms page in QE2, click on the "Strategies" button to download the *ABI Challenges, Accommodations & Compensatory Strategies Summary.* Provide a copy to the individual (print or email). See the Nebraska VR Program Manual, Acquired Brain Injury (ABI) Interview Chapter for additional guidance.