Symptom Checklist

Name

Date

|  |  |
| --- | --- |
| Date of Concussion: | Total |
| Headache  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Nausea  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Vomiting  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Balance Problems  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Dizziness  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Fatigue  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Trouble Falling Asleep  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Sleeping More Than Usual  | 0 | 1 | 2 | 3 | 4 | 5 | 6 |  |
| Sleeping Less Than Usual  | 0 | 1 | 2 | 3 | 4 | 5 | 6 |  |
| Drowsiness  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Sensitivity to Light  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Sensitivity to Noise  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Irritability  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Sadness  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Nervousness  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Feeling More Emotional  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Numbness and Tingling  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Feeling Slowed Down  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Feeling Mentally “Foggy”  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Difficulty Concentrating  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Difficulty Remembering  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Visual Problems  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Neck Pain | 0  | 1  | 2  | 3  | 4  | 5  | 6  |  |
| Confusion | 0 | 1 | 2 | 3 | 4 | 5 | 6 |  |
| “Don’t feel right” | 0 | 1 | 2 | 3 | 4 | 5 | 6 |  |
|  Overall Symptom Score  |  |