

Concussion Symptom Checklist

Age: _____

Gender: Male Female Other _____

Did you lose consciousness? Yes No

How did you get your suspected concussion? _____

Date/time of injury: _____

How many diagnosed concussions have you had in the past? _____

When was the most recent concussion before this injury? _____

Have you ever been (check all that apply)?

diagnosed / treated for a headache disorder or migraines

diagnosed with a learning disability/dyslexia

diagnosed with ADD/ADHD

diagnosed with depression or anxiety

Patient Name: _____
DOB: _____ Age: _____
Date: _____ ID/MR# _____

List all current medications, if any:

Please rate the severity of your symptoms from 0 (no symptoms) to 6 (severe symptoms) in each one of the boxes below:

0	1	2	3	4	5	6
no symptoms	mild symptoms		moderate symptoms		severe symptoms	

1. Physical	
Headache	
"Pressure in head"	
Neck pain	
Nausea or vomiting	
Dizziness	
Visual problems	
Balance problems	
Sensitivity to light	
Sensitivity to noise	
Fatigue or low energy	
Difficulty remembering	

2. Cognitive	
Difficulty concentrating or remember	
Feeling mentally foggy	
Confusion	
Feeling slowed down	
3. Emotional	
More emotional	
Irritability	
Sadness	
Nervous or anxious	
4. Sleep	
Drowsiness	
Changes in sleep patterns	
5. Exertion	
Symptoms get worse with mental activity	
Symptoms get worse with physical activity	

Synthesized from the:
 Acute Concussion Evaluation (ACE): Journal of Head Trauma rehabilitation. 2008;23(4):230-42
 Sport Concussion Assessment Tool 5th Edition (SCAT5). Br J Sports Med 2017; 51:851-858