**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 □

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:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>no symptoms</td>
<td>mild symptoms</td>
<td>moderate symptoms</td>
<td>severe symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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Synthesized from the: