



Athlete: _____ Grad Yr: _____

Concussion Symptom Scale

Rate your symptoms using this scale:
 None Mild Moderate Severe
 0 1 2 3 4 5 6

Symptoms	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Headache							
Nausea							
Vomiting							
Balance Problems							
Dizziness (spinning or movement sensation)							
Lightheadedness							
Fatigue							
Trouble falling asleep							
Sleeping more than usual							
Sleeping less than usual							
Drowsiness							
Sensitivity to light							
Sensitivity to sound							
Irritability							
Sadness							
Nervous/ Anxious							
Feeling more emotional							
Numbness & Tingling							
Feeling slowed down							
Feeling like "in a fog"							
Difficulty concentrating							
Difficulty remembering							
Visual problems							
Daily Total							
Are these symptoms tolerable?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Do they worsen with mental activity?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If so, how long can you tolerate mental activities?	mins	mins	mins	mins	mins	mins	mins
Do they worsen with physical activity?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Are you having any trouble in your classes?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If so, what kind of trouble & in which classes?							