

NEW CONCUSSION Questionnaire

Date of injury: _____.

Number of lifetime concussions (including current): _____.

Current sports patient plays: _____.

How did the injury occur: _____.

Did the patient have any loss of consciousness: Yes or No

Was the injury sports related: Yes or No

Initial Symptoms!!	0=none 1-2=mild, 3-4=moderate, 5-6=severe						
headache	0	1	2	3	4	5	6
pressure in the head	0	1	2	3	4	5	6
neck pain	0	1	2	3	4	5	6
nausea or vomiting	0	1	2	3	4	5	6
dizziness	0	1	2	3	4	5	6
blurred vision	0	1	2	3	4	5	6
balance difficulties	0	1	2	3	4	5	6
light sensitivity	0	1	2	3	4	5	6
noise sensitivity	0	1	2	3	4	5	6
feeling slowed down	0	1	2	3	4	5	6
feeling "in a fog"	0	1	2	3	4	5	6
"don't feel right"	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
fatigue or low energy	0	1	2	3	4	5	6
confusion	0	1	2	3	4	5	6
drowsiness	0	1	2	3	4	5	6
trouble falling asleep	0	1	2	3	4	5	6
memory loss	0	1	2	3	4	5	6
more emotional	0	1	2	3	4	5	6

Initial Symptoms!!	0=none 1-2=mild, 3-4=moderate, 5-6=severe						
irritable	0	1	2	3	4	5	6
sadness	0	1	2	3	4	5	6
nervousness or anxious	0	1	2	3	4	5	6

Have you seen anyone else for the injury: Yes or No

- If yes, who have you seen:_____.

Are you using any medication: Yes or No

- If yes: what medication and how often?_____.

How are you feeling TODAY? Better, worse, or the same?

In the patient (if yes describe briefly):

Is there a history of other brain injuries other than concussion? yes or no

Is there a history of learning disabilities? yes or no

Is there a history of mental health issues? yes or no

Is there a history of ADHD? yes or no

Is there a history of migraines? yes or no

Is there a history of eye issues yes or no

- does the patient wear glasses? yes or no

In the family (if yes describe briefly):

In the family is there a history of learning disabilities? yes or no

In the family is there a history of eye issues? yes or no

In the family is there a history of neurological issues? yes or no

In the family is there a history of migraines? yes or no

In the family is there a history of mental health disorders? yes or no

Prior concussion history (IF APPLICABLE)

1st concussion: Date of injury: _____.

mechanism of injury: _____.

how long did it take to recover: _____.

2nd concussion: Date of injury: _____.

mechanism of injury: _____.

how long did it take to recover: _____.

3rd concussion: Date of injury: _____.

mechanism of injury: _____.

how long did it take to recover: _____.