
SIGNS AND SYMPTOMS OF CONCUSSION

Common signs and symptoms of sports-related concussion

SIGNS (OBSERVED BY OTHERS):	SYMPTOMS (REPORTED BY ATHLETE):
<p><u>Physical</u> Moves clumsily (altered coordination) Exhibits balance problems Loses consciousness (even briefly) Less energetic</p> <p><u>Cognitive</u> Appears dazed or stunned Seems confused Forgets plays or instructions Is unsure about game, score, opponent Responds slowly to questions Forgets events prior to hit or fall Forgets events after the hit or fall</p> <p><u>Emotional</u> Shows changes in mood, behavior, or personality</p>	<p><u>Physical</u> Headache or pressure in head Nausea or vomiting Double vision, blurry vision Sensitivity to light or noise Feeling sluggish, fatigued, or groggy Balance problems or dizziness Numbness or tingling</p> <p><u>Cognitive</u> Problems concentrating Problems remembering Foggy or hazy feeling</p> <p><u>Emotional</u> Just not feeling right or feeling down</p> <p><u>Sleep problems</u> Difficulty falling or staying asleep Sleeping less/more than usual</p>

Immediately remove any student who shows any of these signs and symptoms following a witnessed or suspected blow to the head or body. An athlete should not return to play until cleared by an appropriate healthcare professional.

Some symptoms of concussion may not be apparent until a few days after the injury. Student-athletes may report that they are more irritable or are feeling more emotional. These symptoms should not be discounted, and any student-athlete who reports these symptoms should be referred to a healthcare provider.

POST-CONCUSSION SYMPTOM CHECKLIST

Name: _____

Date: ____/____/____

Instructions: For each item please indicate how much the symptom has bothered you over the **past 2 days**

Symptoms		none	mild		moderate		severe	
Physical	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 Problem	0	1	2	3	4	5	6
	Dizziness	0	1	2	3	4	5	6
	Visual Problems	0	1	2	3	4	5	6
	Fatigue	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
	Numbness/Tingling	0	1	2	3	4	5	6
	Pain other than Headache	0	1	2	3	4	5	6
Thinking	Feeling Mentally Foggy	0	1	2	3	4	5	6
	Feeling Slowed Down	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
Sleep	Drowsiness	0	1	2	3	4	5	6
	Sleeping Less than Usual	0	1	2	3	4	5	6
	Sleeping More than Usual	0	1	2	3	4	5	6
	Trouble Falling Asleep	0	1	2	3	4	5	6
Emotional	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

Exertion: Do these symptoms worsen with:

Physical Activity Yes No Not applicable

Thinking/Cognitive Activity Yes No Not applicable

Overall Rating: How different is the person acting compared to his/her usual self?

Same as Usual 0 1 2 3 4 5 6 Very Different

Activity Level: Over the past two days, compared to what I would typically do, my level of activity has been _____% of what it would be normally.