

Concussion Symptom Checklist

Name: _____

Date:								
Symptom	Time:							
Headache								
"Pressure in Head"								
Neck Pain								
Nausea or Vomiting								
Dizziness								
Blurred Vision								
Balance Problems								
Sensitivity to Light								
Sensitivity to Noise								
Feeling Slowed Down								
Felling like "In a Fog"								
"Don't Feel Right"								
Difficulty Concentrating								
Difficulty Remembering								
Fatigue or Low Energy								
Confusion								
Drowsiness								
More Emotional								
Irritability								
Sadness								
Nervous or Anxious								
Trouble Falling Asleep								
Total Symptom Score (Out of 132)								
Total # of Symptoms (Out of 22)								

Grade Each Symptom on a Scale of 0-6

None	Mild		Moderate		Severe	
0	1	2	3	4	5	6