

## Vanderbilt Sports Concussion Center

### Symptoms Checklist

Date of injury: \_\_\_\_\_

How were you injured? \_\_\_\_\_

\_\_\_\_\_

Please rate your symptoms based on how you feel today:

| Symptom                     | None | Mild | Moderate |   |   | Severe |   |
|-----------------------------|------|------|----------|---|---|--------|---|
| 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 problems            | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Dizziness                   | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Fatigue                     | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Trouble falling asleep      | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Sleeping more than usual    | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Sleeping less than usual    | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Drowsiness                  | 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 |
| 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 |
| Numbness or tingling        | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Feeling slowed down         | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Feeling mentally foggy      | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Trouble concentrating       | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Trouble remembering         | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| Visual problems             | 0    | 1    | 2        | 3 | 4 | 5      | 6 |
| <b>Total Symptoms Score</b> |      |      |          |   |   |        |   |