



Concussion Symptom Checklist



Student name:	Date:		Time:					
Person completing checklist (if not the student):	<input type="checkbox"/> Baseline*		<input type="checkbox"/> Post injury*					
Symptoms	Severity Rating							
<input type="checkbox"/> 1. I feel like I'm going to faint	0	1	2	3	4	5	6	
<input type="checkbox"/> 2. I'm having trouble balancing	0	1	2	3	4	5	6	
<input type="checkbox"/> 3. I feel dizzy	0	1	2	3	4	5	6	
<input type="checkbox"/> 4. It feels like the room is spinning	0	1	2	3	4	5	6	
<input type="checkbox"/> 5. Things look blurry	0	1	2	3	4	5	6	
<input type="checkbox"/> 6. I see double	0	1	2	3	4	5	6	
<input type="checkbox"/> 7. I have headaches	0	1	2	3	4	5	6	
<input type="checkbox"/> 8. I feel sick to my stomach (nauseated)	0	1	2	3	4	5	6	
<input type="checkbox"/> 9. Noise/sound bothers my eyes	0	1	2	3	4	5	6	
<input type="checkbox"/> 10. The light bothers my eyes	0	1	2	3	4	5	6	
<input type="checkbox"/> 11. I have pressure in my head I feel numbness and tingling	0	1	2	3	4	5	6	
<input type="checkbox"/> 12. I feel numbness and tingling	0	1	2	3	4	5	6	
<input type="checkbox"/> 13. I have neck pain	0	1	2	3	4	5	6	
<input type="checkbox"/> 14. I have trouble falling asleep	0	1	2	3	4	5	6	
<input type="checkbox"/> 15. I feel like sleeping too much	0	1	2	3	4	5	6	
<input type="checkbox"/> 16. I feel like I am not getting enough sleep	0	1	2	3	4	5	6	
<input type="checkbox"/> 17. I have low energy (fatigue)	0	1	2	3	4	5	6	
<input type="checkbox"/> 18. I feel tired a lot (drowsiness)	0	1	2	3	4	5	6	
<input type="checkbox"/> 19. I have trouble paying attention	0	1	2	3	4	5	6	
<input type="checkbox"/> 20. I am easily distracted	0	1	2	3	4	5	6	
<input type="checkbox"/> 21. I have trouble concentrating	0	1	2	3	4	5	6	
<input type="checkbox"/> 22. I have trouble remembering things	0	1	2	3	4	5	6	
<input type="checkbox"/> 23. I have trouble following directions	0	1	2	3	4	5	6	
<input type="checkbox"/> 24. I feel like I am moving at a slower speed	0	1	2	3	4	5	6	
<input type="checkbox"/> 25. I don't feel "right"	0	1	2	3	4	5	6	
<input type="checkbox"/> 26. I feel confused	0	1	2	3	4	5	6	
<input type="checkbox"/> 27. I have trouble learning new things	0	1	2	3	4	5	6	
<input type="checkbox"/> 28. I feel like my thinking is "foggy"	0	1	2	3	4	5	6	
<input type="checkbox"/> 29. I feel sad	0	1	2	3	4	5	6	
<input type="checkbox"/> 30. I feel nervous	0	1	2	3	4	5	6	
<input type="checkbox"/> 31. I feel irritable or grouchy	0	1	2	3	4	5	6	
<input type="checkbox"/> 32. I feel more emotional	0	1	2	3	4	5	6	
<input type="checkbox"/> 33. Other:	0	1	2	3	4	5	6	

*For baseline, student should rate symptoms based on how he/she typically feels. For post-injury, student should rate symptoms, at this point in time.
 Credit: HCA HealthONE, 2016, used in the 2017 Iowa Concussion Guideline Guide.