

Concussion Baseline Questionnaire



Please complete this questionnaire in its entirety (front and back). This questionnaire is a baseline questionnaire. Should a student athlete sustain a sport related concussion (SRC) this questionnaire will be used in the evaluation process by the Athletic Trainers at CASD. This questionnaire will be compared with the post-concussion evaluation form to help in the treatment of the SRC. **This form should be returned to the Athletic Office.**

Step 1: Athlete Background

Name: _____ Sport: _____ Grade: _____

Have you ever been diagnosed with a concussion?: _____

If yes, When was your most recent concussion? : _____

Has the athlete ever been:

Hospitalized for a head injury? Y N Diagnosed with a learning disability/dyslexia? Y N

Diagnosed/treated for headaches or migraines? Y N Diagnosed with ADD/ADHD? Y N

Diagnosed with depression, anxiety, or other psychiatric disorder? Y N

Step 2: Symptom Evaluation

Please rate your symptoms based on how you typically feel.

	none 0	mild 1	2	moderate 3	4	severe 5	6
Headache							
Pressure in head							
Nausea or Vomiting							
Dizziness							
Blurred Vision							
Balance Problems							
Sensitivity to light							
Sensitivity to noise							
Feeling slowed down							
Feeling 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							

Do your symptoms worsen with physical activity? Y N

Do your symptoms worsen with mental activity? Y N