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.

<table>
<thead>
<tr>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

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