

# Symptoms Checklist

## Time of Injury Concussion Signs / Symptoms Checklist

Enter an "X" for the symptoms you experienced within 48 hours of your most recent injury/concussion.

	None	Mild		Moderate		Severe	
	0	1	2	3	4	5	6
Feeling in a Fog							
Confusion							
Difficulty Concentrating							
Difficulty Remembering							
Don't Feel Right/ Dinged/Bell Rung							
Feeling Mentally Slowed Down							
Headache/Head Pressure							
Numbness/Tigling							
Nusea/Vomiting							
Sensitivity to Light							
Sensitivity to Noise							
Neck Pain							
Ringing in the Ears							

# Symptoms Checklist

None

Mild

Moderate

Severe

0

1

2

3

4

5

6

Balance Issues

Blurred Vision

Dizziness

Sleeping More than Usual

Sleeping Less than Usual

Drowsy

Fatigue/Low Energy

Trouble Falling Asleep

Sadness

Nervous/Anxious

Irritable

Feeling More Emotional

\_\_\_\_\_

Date

\_\_\_\_\_

Time

\_\_\_\_\_

Patient's Name