

Patient Name: _____ Date of Birth: _____ Date: _____

Symptom Evaluation

Please score yourself on the following symptoms, based on how you feel right now.

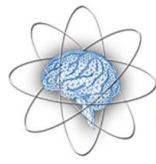
	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Head Pressure	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6

Total number of symptoms (Max 22) _____

Symptom severity score (Max 132) _____

Do the symptoms get worse with physical activity? Y N

Do the symptoms get worse with mental activity? Y N



Standardized Assessment of Concussion (SAC)

Orientation

What month is it? 0 1
 What is the date today? 0 1
 What is the day of the week? 0 1
 What year is it? 0 1
 What time is it right now? 0 1

Orientation score _____ out of 5

Immediate Memory

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second.

Score 1 point for each correct response. Total score equals sum across all 3 trials. Do not inform the patient that delayed recall will be tested.

	Trial 1	Trial 2	Trial 3
Elbow	0 1	0 1	0 1
Apple	0 1	0 1	0 1
Carpet	0 1	0 1	0 1
Saddle	0 1	0 1	0 1
Bubble	0 1	0 1	0 1

Total: _____

Immediate memory score total _____ of 15

Concentration: Digits Backward

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7".

If correct, go to next string length. If incorrect, read trial 2. One point possible for each string length.

Stop after incorrect on both trials. The digits should be read at the rate of one per second.

4-9-3	0	1
3-8-1-4	0	1
6-2-9-7-1	0	1
7-1-8-4-6-2	0	1

Total _____ of 4

