

Concussion Questionnaire

To assist us in providing you with a comprehensive assessment, please complete this form and bring it with you to your evaluation.

Name: _____

Date: _____

Please check any that apply and explain where requested

1. Are you experiencing?

Headaches? When and what triggers them: _____

Nausea? When and what triggers it: _____

Dizziness? When and what triggers it: _____

Tired, irritated or dry eyes

Increased blinking

2. Do you have increased sensitivity to:

sunlight overhead lights oncoming cars

light or glare from a computer, tablet or phone screen

3. When reading printed material:

print is faint or small

print is blurred, has shadows, has distortions

you change the position of what you are reading

you change the position of your head or body when reading

you lose your place on a page, miss words, miss lines

you have difficulty focusing or paying attention when reading

you notice errors when following written directions, managing finances, managing a checkbook

you feel overwhelmed by written material

4. Do you:

Overshoot or miss items you are reaching for

Have difficulty navigating or judging curbs and steps

Have difficulty with buttoning, putting a lid back on a jar

Have difficulty recognizing faces or objects

Feel overwhelmed in the store, in crowded environments

5. If you are experiencing any pain, please tell us where and how severe it is on a scale of 1-10 with 10 being the most severe: _____

6. How many hours can you work, go to school, or do household chores before pain symptoms occur or increase: _____

7. Are you having problems with balance?

I have fallen

I feel dizzy

I feel like I'm going to fall

I have trouble going up/down stairs

8. How many hours are you out of bed, including naps or resting time during the day? _____

9. How many hours can you work, go to school, or do household chores before needing to rest?

10. If you have to limit your physical activity, please indicate why: _____

11. Are you:

Having more difficulty thinking of words you want to say

Slower thinking and/or slower at making decisions

Getting mentally fatigued

Having more difficulty concentrating

Asking others to repeat themselves

Having more difficulty following instructions

Having more difficulty following conversations

12. If you are having trouble with memory, please give some examples: _____

13. What things have you tried to compensate for anything you are having trouble with? _____

