

# Head Injury Symptom Checklist

Instructions: This checklist is separated into 3 categories- Physical Symptoms, Behavioral Symptoms, & Cognitive Symptoms. Put a check in the "After Box" next to the symptom if you have experienced that head injury symptom after the accident. Put a check in the "Before Box" only if you experienced that particular symptom prior to the accident.

## Physical Symptoms

**Headaches** **Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Dizziness/Nausea** **Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Vision:**

– **double vision** **Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

– **blurriness** **Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

– **trouble tracking/focusing** **Before**  **After**

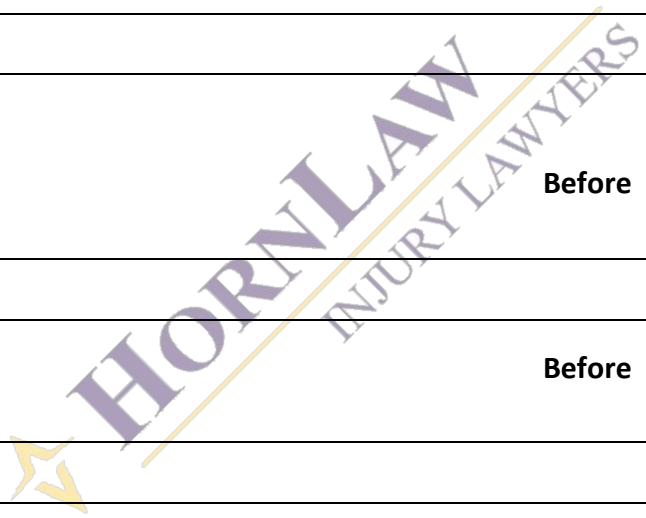
Describe: \_\_\_\_\_  
\_\_\_\_\_

– **altered visual perception** **Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Difficulty hearing/Ringing in ears** **Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_



**Difficulty Swallowing**

**Before**  **After**

Describe: \_\_\_\_\_

**Coordination difficulties**

**Before**  **After**

Describe: \_\_\_\_\_

**Balance difficulties**

**Before**  **After**

Describe: \_\_\_\_\_

**Neck pain**

**Before**  **After**

Describe: \_\_\_\_\_

**Back pain**

**Before**  **After**

Describe: \_\_\_\_\_

**Sensitivity to light**

**Before**  **After**

Describe: \_\_\_\_\_

**Sensitivity to noise**

**Before**  **After**

Describe: \_\_\_\_\_

**Fatigue**

**Before**  **After**

Describe: \_\_\_\_\_

**Sleeping more**

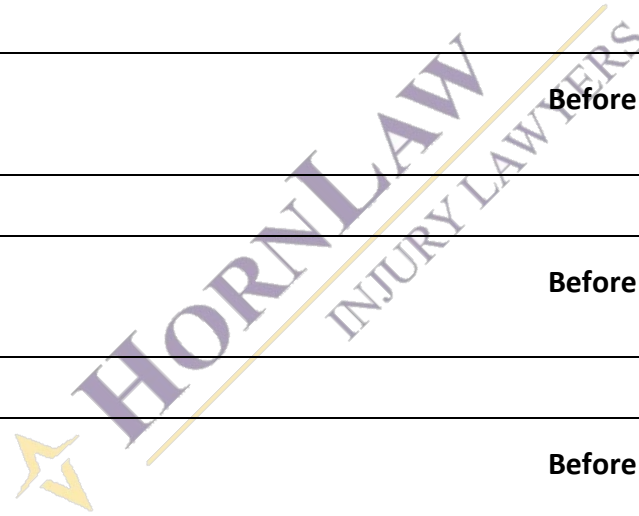
**Before**  **After**

Describe: \_\_\_\_\_

**Trouble falling or staying asleep**

**Before**  **After**

Describe: \_\_\_\_\_



**Reduced smell**

**Before**  **After**

Describe: \_\_\_\_\_

**Seizures**

**Before**  **After**

Describe: \_\_\_\_\_

**How do your physical symptoms impact your:**

Work Responsibilities

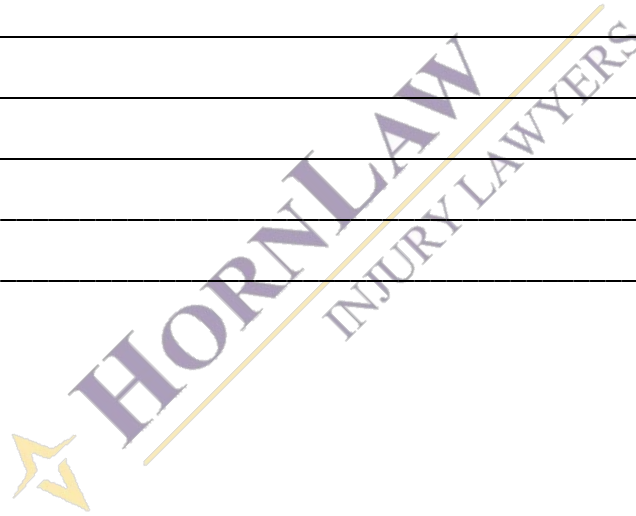
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Household Responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Behavioral Symptoms

**Mood Swings**

**Before**  **After**

Describe: \_\_\_\_\_

**Irritability**

**Before**  **After**

Describe: \_\_\_\_\_

**Depression/Withdrawal**

**Before**  **After**

Describe: \_\_\_\_\_

**Restlessness/Agitation**

**Before**  **After**

Describe: \_\_\_\_\_

**Lack of motivation/initiation**

**Before**  **After**

Describe: \_\_\_\_\_

**Loss of interest in activities**

**Before**  **After**

Describe: \_\_\_\_\_

**Poor impulse control**

**Before**  **After**

Describe: \_\_\_\_\_

**Anger outbursts**

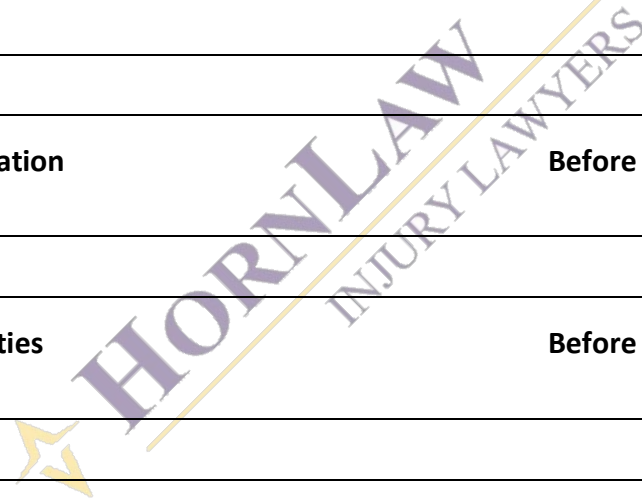
**Before**  **After**

Describe: \_\_\_\_\_

**More easily prone to frustration or overload**

**Before**  **After**

Describe: \_\_\_\_\_



**Lability (less control of emotions)**

**Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Denial and poor awareness of problems/changes**

**Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Inappropriate social interaction (swearing, lack of tact, inappropriate eye contact, verbosity, etc.)**

**Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Hyper (more) sexual desire**

**Before**  **After**

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Hypo (less) sexual desire**

**Before**  **After**

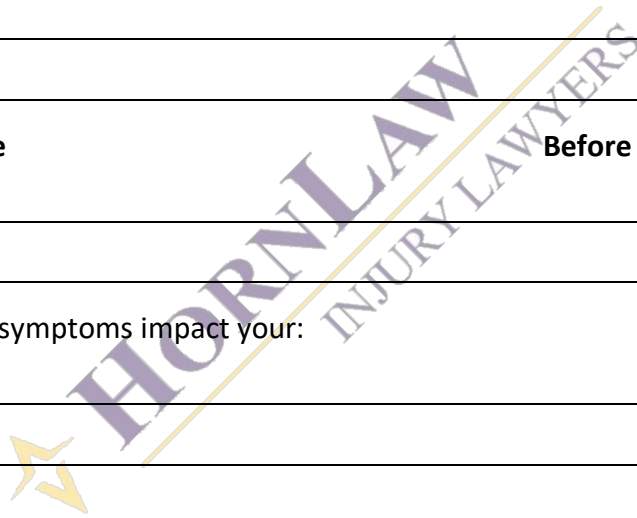
Describe: \_\_\_\_\_  
\_\_\_\_\_

How do your behavioral symptoms impact your:

Work Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Household Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Cognitive Symptoms

**Disorientation to person, place time**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

**Confusion**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

**Impaired short-term memory**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

**Impaired long-term memory**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

**Inflexibility**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

**Reduced concentration**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

**Reduced attention**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

**Difficulty doing more than one thing at a time**

**Before**  **After**

Describe: \_\_\_\_\_

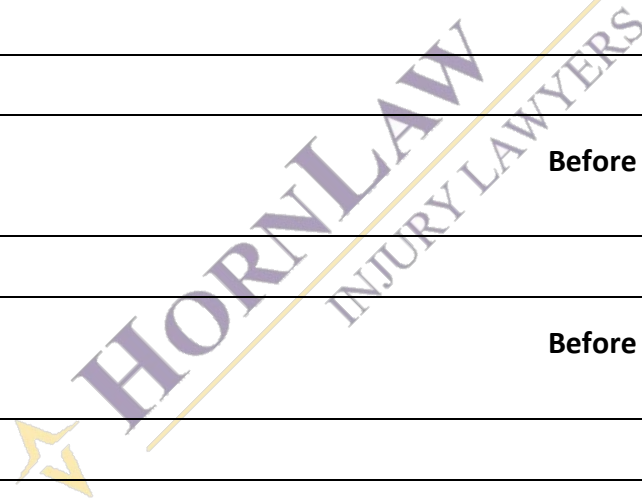
\_\_\_\_\_

**Reduced math skills**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_



**Perseveration (getting “stuck” on a certain topic, task, word)**      **Before**       **After**

Describe: \_\_\_\_\_

**Difficulty staying on task or on topic**      **Before**       **After**

Describe: \_\_\_\_\_

**Impaired judgement and problem-solving skills**      **Before**       **After**

Describe: \_\_\_\_\_

**Disorganization**      **Before**       **After**

Describe: \_\_\_\_\_

**Difficulty with abstract thinking and reasoning skills**      **Before**       **After**

Describe: \_\_\_\_\_

**Slowed thinking**      **Before**       **After**

Describe: \_\_\_\_\_

**Increased rate of performance**      **Before**       **After**

Describe: \_\_\_\_\_

**Decreased rate of performance**      **Before**       **After**

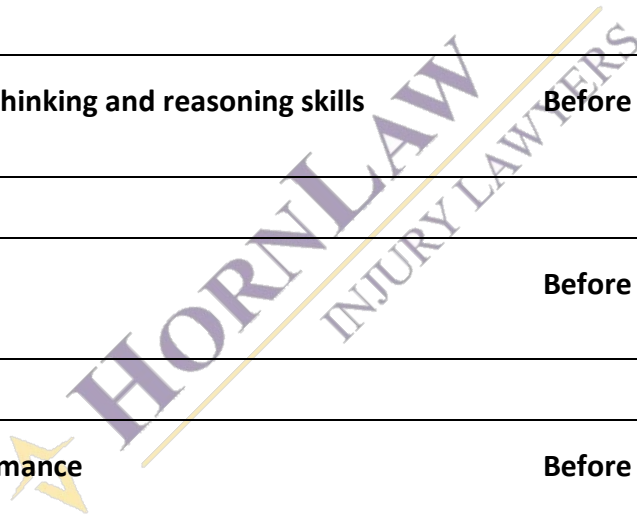
Describe: \_\_\_\_\_

**Slurred speech**      **Before**       **After**

Describe: \_\_\_\_\_

**Changes in voice quality (nasal, hoarse, breathy, etc.)**      **Before**       **After**

Describe: \_\_\_\_\_



**Language/communication difficulties**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

– **Difficulty with word order and grammar**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

– **Decreased auditory comprehension**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

- **Decreased comprehension of abstract material**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

– **Increased difficulty with reading (including slower reading and poor reading comprehension)**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_

**Increased difficulty with writing, including spelling difficulties**

**Before**  **After**

Describe: \_\_\_\_\_

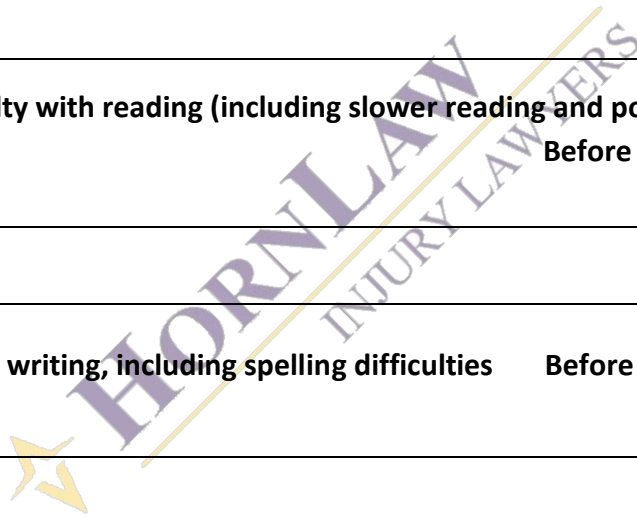
\_\_\_\_\_

**Other cognition/communication changes and problems**

**Before**  **After**

Describe: \_\_\_\_\_

\_\_\_\_\_





How do your cognitive symptoms impact your:

Work Responsibilities

Household Responsibilities

Family Responsibilities

**ATTORNEY NOTES:**

