

CONCUSSION SYMPTOMS CHECKLIST

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



1. 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: _____



2. 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: _____





3. 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: _____





4. LOSS IN QUALITY OF LIFE

How do your symptoms reported above impact your:

→ Work Responsibilities

→ Household Responsibilities

→ Family/Child Care Responsibilities
