

New Mexico residents, if you need help with this screening tool, please call BIANM, 505-292-7414, and ask for the Brain Injury Navigator Service.

# Appendix 1.6

## Post Concussion Symptom Scale

Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

### Post Concussion Symptom Scale

No symptoms "0"-----Moderate "3"-----Severe"6"

#### Time after Concussion

| SYMPTOMS                 | Days/Hrs _____ |   |   | Days/Hrs _____ |   |   | Days/Hrs _____ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------|----------------|---|---|----------------|---|---|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                          | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Headache                 | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Nausea                   | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Vomiting                 | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Balance problems         | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Dizziness                | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Fatigue                  | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Trouble falling to sleep | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Excessive sleep          | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Loss of sleep            | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Drowsiness               | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Light sensitivity        | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Noise sensitivity        | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Irritability             | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Sadness                  | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Nervousness              | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| More emotional           | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Numbness                 | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Feeling "slow"           | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Feeling "foggy"          | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Difficulty concentrating | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Difficulty remembering   | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Visual problems          | 0              | 1 | 2 | 3              | 4 | 5 | 6              | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

**TOTAL SCORE** \_\_\_\_\_

Use of the Post-Concussion Symptom Scale: The athlete should fill out the form, on his or her own, in order to give a subjective value for each symptom. This form can be used with each encounter to track the athlete's progress towards the resolution of symptoms. Many athletes may have some of these reported symptoms at a baseline, such as concentration difficulties in the patient with attention-deficit disorder or sadness in an athlete with underlying depression, and must be taken into consideration when interpreting the score. Athletes do not have to be at a total score of zero to return to play if they already have had some symptoms prior to their concussion.