Athlete Name:_____ Home Phone:_____ Injury Date:_____

Evaluation Date:_____ ATC:_____ Date of RTP:_____

CONCUSSION GRADED SYMPTOM CHECKLIST (Pre/Post Refers to RTP Activity Progression Stages 2-6)

DATE-->													
SYMPTOM	**XXXX**	**XXXX**	**XXXX**	**XXXX**	**XXXX**	**XXXX**	**XXXX**	**Pre/ Post**	**Pre/ Post**	**Pre/ Post**	**Pre/ Post**	**Pre/ Post**	**Pre/ Post**
Headache								/	/	/	/	/	/
Pressure in head								/	/	/	/	/	/
Neck Pain								/	/	/	/	/	/
Nausea or Vomiting								/	/	/	/	/	/
Dizziness								/	/	/	/	/	/
Blurred Vision								/	/	/	/	/	/
Balance Problems								/	/	/	/	/	/
Sensitivity to light								/	/	/	/	/	/
Sensitivity to noise								/	/	/	/	/	/
Feeling Slowed Down								/	/	/	/	/	/
Feeling "In a Fog"								/	/	/	/	/	/
Don't "Feel Right"								/	/	/	/	/	/
Difficulty Concentrating								/	/	/	/	/	/
Difficulty Remembering								/	/	/	/	/	/
Fatigue or Low energy								/	/	/	/	/	/
Confusion								/	/	/	/	/	/
Drowsiness								/	/	/	/	/	/
Trouble Falling Asleep								/	/	/	/	/	/
More emotional								/	/	/	/	/	/
More Irritable								/	/	/	/	/	/
Sadness								/	/	/	/	/	/
Nervous or Anxious								/	/	/	/	/	/
TOTAL SCORE								/	/	/	/	/	/

NOTE: The GSC should be used not only as part of the initial evaluation, but for each subsequent follow-up assessment until all signs and symptoms have cleared at rest AND during Physical Exertion. The ATC should score each symptom on a scale of 0 to 6: 0 = symptom not present, 1 = mild, and 6 = most severe.

SUBJECTIVE INFORMATION

DATE	SOAP	DATE	SOAP