

Name _____ M F Birthdate _____
 Sport/Team/School _____
 Examiner _____ Exam Date _____
 Primary Care Physician _____ Phone _____
 Prior Concussions: How many? _____ Most Recent: Date _____ Length of Recovery _____

1 Symptom Evaluation	
Have athlete read symptoms out loud and score how they feel now.	
none	mild
0	1
2	3
4	5
6	severe
	6
	Score
1. Headache	
2. "Pressure in head"	
3. Neck Pain	
4. Nausea or vomiting	
5. Dizziness	
6. Blurred vision	
7. Balance problems	
8. Sensitivity to light	
9. Sensitivity to noise	
10. Feeling slowed down	
11. Feeling like "in a fog"	
12. "Don't feel right"	
13. Difficulty concentrating	
14. Difficulty remembering	
15. Fatigue or low energy	
16. Confusion	
17. Drowsiness	
18. More emotional	
19. Irritability	
20. Sadness	
21. Nervous or anxious	
22. Trouble falling asleep	
Do symptoms get worse with physical activity?	Y N
Do symptoms get worse with mental activity?	Y N
Do you feel 100% and perfectly normal?	Y N

2 Cognition/Balance Assessment																	
ORIENTATION Read these questions and check box if answered correctly. <i>Score 1 point for each correct response.</i>																	
<input type="checkbox"/> What month is it?	<input type="checkbox"/> What is today's date?																
<input type="checkbox"/> What day of the week is it?	<input type="checkbox"/> What time is it now (within 1 hour)?																
	/5																
IMMEDIATE MEMORY																	
5-word option: Read first column of 5 words and have athlete repeat back as many words as can be remembered, in any order. Repeat same list again for the second and third trials. Have athlete repeat back as many words as can be remembered in any order, even if they said the word before. Complete all 3 trials regardless of score on trials 1 & 2. Read words at a rate of one per second.	<table border="1"> <tr><td>Elbow</td><td>Candle</td></tr> <tr><td>Apple</td><td>Paper</td></tr> <tr><td>Carpet</td><td>Sugar</td></tr> <tr><td>Saddle</td><td>Sandwich</td></tr> <tr><td>Bubble</td><td>Wagon</td></tr> </table>	Elbow	Candle	Apple	Paper	Carpet	Sugar	Saddle	Sandwich	Bubble	Wagon						
Elbow	Candle																
Apple	Paper																
Carpet	Sugar																
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10-word option: Read both columns and have athlete repeat back as many words as can be remembered, in any order. Repeat same list again for the second and third trials. Have athlete repeat back as many words as can be remembered in any order, even if they said the word before. Complete all 3 trials regardless of score on trials 1 & 2. Read words at a rate of one per second.																	
<i>Score 1 point for each correct response. 5 points possible for each trial using 5-word option. 10 points using 10-word option. Total equals sum of all 3 trials.</i>																	
CONCENTRATION																	
A. Read a string of digits at a rate of one per second. Have athlete repeat back the list of numbers in REVERSE order. Then go across and read the next string with the same number of digits. If both repeated correctly, score one point and go down to the next trial with one additional digit in the string. Complete all four of the 2-string trials.	<table border="1"> <tr><td>4-9-3</td><td>6-2-9</td><td>3 digit trial</td><td>/1</td></tr> <tr><td>3-8-1-4</td><td>3-2-7-9</td><td>4 digit trial</td><td>/1</td></tr> <tr><td>6-2-9-7-1</td><td>1-5-2-8-6</td><td>5 digit trial</td><td>/1</td></tr> <tr><td>7-1-8-4-6-2</td><td>5-3-9-1-4-8</td><td>6 digit trial</td><td>/1</td></tr> </table>	4-9-3	6-2-9	3 digit trial	/1	3-8-1-4	3-2-7-9	4 digit trial	/1	6-2-9-7-1	1-5-2-8-6	5 digit trial	/1	7-1-8-4-6-2	5-3-9-1-4-8	6 digit trial	/1
4-9-3	6-2-9	3 digit trial	/1														
3-8-1-4	3-2-7-9	4 digit trial	/1														
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7-1-8-4-6-2	5-3-9-1-4-8	6 digit trial	/1														
<i>Score 1 pt. for each trial repeated correctly. (4 pts. possible)</i>																	
B. Have athlete recite months of year in reverse order: Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-April-Mar-Feb-Jan																	
<i>Score 1 pt. if entire sequence is correct. (1 pt. possible)</i>																	
	/5																
BALANCE ERRORS Remove shoes, roll up your pant legs above the ankle (removing ankle taping). Tests consist of three, 20-second timed tests from different stances.																	
I. Double Leg Stance: Stand feet together, with hands on hips and eyes closed. Maintain stability for 20 seconds. Count number of times that person moves out of that position.																	
II. Single Leg Stance: Stand holding dominant leg off the floor a few inches and maintain stability for 20 seconds with hands on hips and eyes closed. Count number of times athlete moves out of that position. If they stumble, have them open eyes and return to the start position and continue balancing. Start timing when they are set and have their eyes closed.																	
III. Tandem Stance: Stand heel-to-toe with non-dominant foot in back. Weight is evenly distributed across both feet. Maintain stability for 20 seconds with hands on hip and eyes closed. Count number of times athlete moves out of that position. If they stumble out of this position, have them open eyes and return to the start position and continue balancing. Start time when they are set and eyes are closed.																	
<i>Begin counting errors only after the athlete has assumed the proper start position. Score each stance test individually by counting the number of accumulated errors with a maximum of 10 errors per stance. If athlete commits multiple errors simultaneously, only one error is recorded but they must quickly return to the testing position, and counting resumes once they are set. If unable to maintain the stance for a minimum of 5 seconds, assign 10 errors.</i>																	
	/5																
Dominant Foot: <input type="checkbox"/> Left <input type="checkbox"/> Right																	
Testing Surface: _____																	
Types of Balance Errors:																	
<ul style="list-style-type: none"> • Hands lifted off iliac crest • Opening eyes • Step, stumble, or fall • Moving hip into > 30° abduction • Lifting forefoot or heel • Remaining out of test position longer than 5 seconds 																	
Stance I: # of Errors (10 max.)																	
Stance II: # of Errors (10 max.)																	
Stance III: # of Errors (10 max.)																	
Total # Balance Errors (30 max.)																	

Baseline Exam Score Totals	
Total # of Symptoms	/22
Symptom Severity Score	/132
Orientation	/5
Immediate Memory 5-word Option	/15
10-word Option	/30
Concentration	/5
Total # of Balance Errors	/30
Neuro Exam "Y"=normal "N"=not normal	Y N
Delayed Recall 5-word Option	/5
10-word Option	/10

NEUROLOGICAL SCREEN	
FOLLOWING INSTRUCTIONS: Can athlete read aloud and follow instructions without difficulty? (Use Score Card 1 symptoms check list as test.)	Y N
SPINE MOVEMENT: Does the athlete have a full range of pain-free PASSIVE cervical spine movement?	Y N
DOUBLE VISION: Without moving the head or neck, can athlete look side-to-side and up-and-down without double vision?	Y N
FINGER NOSE COORDINATION: With athlete seated and either arm outstretched and index finger pointed out, have athlete touch finger to tip of nose and return to starting position. Perform five successive repetitions as quickly and accurately as possible.	Y N
TANDEM GAIT: Have athlete walk along a 10' line as quickly as possible, alternating foot-to-toe. Then turn 180 degrees and return on the line. Athlete fails the test if they step off the line, have separation between foot and toe or lose their balance.....	Y N
DELAYED RECALL Have athlete repeat back as many words as can be remembered from either 5-word option (first column) or 10-word option (both columns) from the Immediate Memory question above. <i>Score 1 pt. for each word remembered.</i>	
	/5
	/10