

## Concussion Questionnaire (Ages 5-12 years)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Both parent and child must fill this form out

### Child Report

	Not at all/ Never	A little/ Rarely	Somewhat/ Sometimes	A lot/ Often
I have headaches	0	1	2	3
I feel dizzy	0	1	2	3
I feel like the room is spinning	0	1	2	3
I feel like I'm going to faint	0	1	2	3
Things are blurry when I look at them	0	1	2	3
I see double	0	1	2	3
I feel sick to my stomach	0	1	2	3
My neck hurts	0	1	2	3
I get tired a lot	0	1	2	3
I get tired easily	0	1	2	3
I have trouble paying attention	0	1	2	3
I get distracted easily	0	1	2	3
I have a hard time concentrating	0	1	2	3
I have problems remembering what people tell me	0	1	2	3
I have problems following directions	0	1	2	3
I daydream too much	0	1	2	3
I get confused	0	1	2	3
I forget things	0	1	2	3
I have problems finishing things	0	1	2	3
I have trouble figuring things out	0	1	2	3
It's hard for me to learn new things	0	1	2	3
Total number of symptoms:				of 21
Symptom severity score:				of 63
Do the symptoms gets worse with physical activity?			Y	N
Do the symptoms get worse with trying to think?			Y	N

### Overall rating for child to answer:

Very bad	Very Good
0 1 2 3 4 5 6 7 8 9 10	

On a scale of 0 to 10 (where 10 is normal), how do you feel now?

If not 10, in what way do you feel different?:

### Parent Report

#### The child:

	Not at all/ Never	A little/ Rarely	Somewhat/ Sometimes	A lot/ Often
Has headaches	0	1	2	3
Feels dizzy	0	1	2	3
Has a feeling that the room is spinning	0	1	2	3
Feels faint	0	1	2	3
Has blurred vision	0	1	2	3
Has double vision	0	1	2	3
Experiences nausea	0	1	2	3
Has a sore neck	0	1	2	3
Gets tired a lot	0	1	2	3
Gets tired easily	0	1	2	3
Has trouble sustaining attention	0	1	2	3
Is easily distracted	0	1	2	3
Has difficulty concentrating	0	1	2	3
Has problems remembering what they are told	0	1	2	3
Has difficulty following directions	0	1	2	3
Tends to daydream	0	1	2	3
Gets confused	0	1	2	3
Is forgetful	0	1	2	3
Has difficulty completing tasks	0	1	2	3
Has poor problem solving skills	0	1	2	3
Has problems learning	0	1	2	3
Total number of symptoms:				of 21
Symptom severity score:				of 63
Do the symptoms get worse with physical activity?			Y	N
Do the symptoms get worse with mental activity?			Y	N

### Overall rating for parent/teacher/coach/carer to answer

On a scale of 0 to 100% (where 100% is normal), how would you rate the child now?

## Concussion Questionnaire (Ages 13 years and older)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

	None	Mild		Moderate		Severe		
Headache	0	1	2	3	4	5	6	
"Pressure in head"	0	1	2	3	4	5	6	
Neck pain	0	1	2	3	4	5	6	
Nausea or vomiting	0	1	2	3	4	5	6	
Dizziness	0	1	2	3	4	5	6	
Blurred vision	0	1	2	3	4	5	6	
Balance problems	0	1	2	3	4	5	6	
Sensitivity to light	0	1	2	3	4	5	6	
Sensitivity to noise	0	1	2	3	4	5	6	
Feeling slowed down	0	1	2	3	4	5	6	
Feeling like "in a fog"	0	1	2	3	4	5	6	
"Don't feel right"	0	1	2	3	4	5	6	
Difficulty concentrating	0	1	2	3	4	5	6	
Difficulty remembering	0	1	2	3	4	5	6	
Fatigue or low energy	0	1	2	3	4	5	6	
Confusion	0	1	2	3	4	5	6	
Drowsiness	0	1	2	3	4	5	6	
More emotional	0	1	2	3	4	5	6	
Irritability	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Nervous or anxious	0	1	2	3	4	5	6	
Trouble falling asleep	0	1	2	3	4	5	6	
Total number of symptoms:							of 22	
Symptoms severity score:							of 132	
Do your symptoms get worse with physical activity?					Y		N	
Do your symptoms get worse with mental activity?					Y		N	
If 100% is feeling perfectly normal, what percent of normal do you feel?								
If not 100%, why?								