



Idaho High Schools Activities Association CONCUSSION ASSESSMENT FORM



Name: _____ Date: _____ Time: _____ am/pm
 Parent Name: _____ Parent Phone: _____
 Event: _____ Grade: _____ School: _____
 Gender: **M** **F** Examiner: _____

GRADED SYMPTOMS CHECKLIST

Symptoms	None	Mild	Moderate	Severe				
Headache	0	1	2	3	4	5	6	
"Pressure in Head"	0	1	2	3	5	5	6	
Neck Pain	0	1	2	3	4	5	6	
Nausea/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/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/Anxious	0	1	2	3	4	5	6	
Total Number of Symptoms					of 22			
Symptom Severity Score					of 132			

CERVICAL SPINE ASSESSMENT

Reports that neck is pain free at rest	Y	N
Has full AROM pain free (<i>if no pain at rest</i>)	Y	N
Limb strength and sensation normal	Y	N

NEUROLOGICAL SCREEN

Can athlete read aloud & follow instructions without difficulty?	Y	N
Does athlete have full pain-free PROM in cervical spine?	Y	N
Without moving head, can athlete look side-to-side & up and down without double vision?	Y	N
Can athlete perform finger/nose coordination test normally?	Y	N
Can athlete perform tandem gait normally?	Y	N

OBSERVABLE SIGNS

Witnessed <input type="checkbox"/>	Observed on Video <input type="checkbox"/>
Lying Motionless	Y N
Balance/Gait Difficulties	Y N
Disoriented/Confused	Y N
Blank/Vacant Stare	Y N
Facial Injury after Head Trauma	Y N

MEMORY ASSESSMENT (Maddocks Questions)

What venue are we at today?	Y	N
Which half is it right now?	Y	N
Who scored last in this match?	Y	N
What team did you play last game?	Y	N
Did you team win the last game?	Y	N

GLASGOW COMA SCALE

Best Eye Response (E)	
No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4
Best Verbal Response (V)	
No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5
Best Motor Response (M)	
No Motor Response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion/Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6
Glasgow Coma Score (E + V + M)	

COGNITIVE SCREENING

ORIENTATION

What month is it?	0	1
What is today's date?	0	1
What day of the week is it?	0	1
What year is it?	0	1
What time is it right now? (<i>within 1 hour</i>)	0	1
Orientation Score	of 5	

IMMEDIATE MEMORY

List	10 Word Lists					Score (of 10)		
						Trial 1	Trial 2	Trial 3
1	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
2	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
3	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		

CONCENTRATION – DIGITS BACKWARDS

List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6-	9-2-6-5-1-4	Y	N	1
Digits Score					of 4

CONCENTRATION - MONTHS IN REVERSE ORDER

Dec – Nov – Oct – Sep – Aug – Jul – Jun – May – Apr – Mar – Feb - Jan	0	1
Months Score	of 1	
Concentration Total Score (<i>Digits + Months</i>)	of 5	

DELAYED RECALL

Repeat the 10 word list again (1 pt for each word recalled)

Recall Score	of 10
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BALANCE ASSESSMENT – Modified BESS

Which foot was tested (<i>non-dominant</i>)?	
Double Leg Stance	of 10
Single Leg Stance (<i>non-dominant</i>)	of 10
Tandem Stance (<i>non-dominant foot in back</i>)	of 10
Total Errors	of 30

DECISION

Domain

Symptom Number (of 22)	of 22
Symptom Severity (of 132)	of 132
Immediate Memory	of 30
Concentration (of 5)	of 5
Neuro Exam	Normal
	Abnormal
Balance Errors (of 20)	of 30
Delayed Recall	of 10

Is Athlete Concussed?

Yes No Unsure

Name of Assessor: _____

Title: _____

Additional Notes:
