

CONCUSSION QUESTIONNAIRE

PATIENT: _____ DATE: _____

Please check any of the following boxes that correspond to any symptom(s) that you have had recently since your neck or head injury.

YES	SYMPTOM
<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Loss of coordination
<input type="checkbox"/>	Reduced drive/motivation
<input type="checkbox"/>	Poor memory
<input type="checkbox"/>	Difficulty finishing tasks
<input type="checkbox"/>	Sleep disorders
<input type="checkbox"/>	Abnormal levels of anxiety
<input type="checkbox"/>	Reduced tolerance to alcohol
<input type="checkbox"/>	More assertive
<input type="checkbox"/>	Forgetful
<input type="checkbox"/>	Anger outbursts
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Absence of ability to anticipate
<input type="checkbox"/>	Inflexibility
<input type="checkbox"/>	Impaired sexual function
<input type="checkbox"/>	Language difficulty
<input type="checkbox"/>	Impaired judgment
<input type="checkbox"/>	Need daytimer to remember home and/or work activities
<input type="checkbox"/>	Blurry vision
<input type="checkbox"/>	Loss of balance
<input type="checkbox"/>	Difficulty handling multiple tasks
<input type="checkbox"/>	Dizziness/lightheadedness
<input type="checkbox"/>	Irritability
<input type="checkbox"/>	Personality change
<input type="checkbox"/>	Hand tremors
<input type="checkbox"/>	Ringling in ears
<input type="checkbox"/>	Less diplomatic than normal
<input type="checkbox"/>	Mood swings
<input type="checkbox"/>	Reduced attention span
<input type="checkbox"/>	Blackouts
<input type="checkbox"/>	Indifference to other people
<input type="checkbox"/>	More shallow relationships
<input type="checkbox"/>	Difficulty with problem solving
<input type="checkbox"/>	Less mental stamina
<input type="checkbox"/>	Performance inconsistencies
<input type="checkbox"/>	Verbal learning problems
<input type="checkbox"/>	Slower reaction times