

Name: _____

Injury Date: _____

Sport: _____

MOI: _____

Palmetto Health USC

ORTHOPEDIC CENTER

SEVERITY RATING

Please use this scale to rate each symptom

None Mild Moderate Severe
0 1 2 3 4 5 6

POST-CONCUSSION SYMPTOM SCALE

Symptoms	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Headache							
"Pressure in head"							
Neck Pain							
Nausea or vomiting							
Dizziness							
Blurred Vision							
Balance Problems							
Sensitivity to light							
Sensitivity to noise							
Feeling slowed down							
Feeling like "in a fog"							
"Don't feel right"							
Difficulty concentrating							
Difficulty remembering							
Fatigue or low energy							
Confusion							
Drowsiness							
Trouble falling asleep (if applicable)							
More emotional							
Irritability							
Sadness							
Nervous or anxious							
Total							