

Concussion Grading Scale

The Post concussion Symptom Scale is essentially a “state” measure of perceived symptoms associated with concussion. That is, the athlete is asked to report his or her “current” experience of the symptoms. This allows tracking of symptoms over very short intervals, such as consecutive days or every few days.

Directions: After reading each symptom, please circle the number that best describes the way the athlete has been feeling today. A rating of 0 means they have not experienced this symptom today. A rating of 6 means they have experienced severe problems with this symptom today.

Date tested							
Date of Last known concussion(s)							
SYMPTOM	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble Falling Asleep	0	1	2	3	4	5	6
Sleeping More Than Usual	0	1	2	3	4	5	6
Sleeping Less Than Usual	0	1	2	3	4	5	6
Drowsiness	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
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervousness	0	1	2	3	4	5	6
Feeling More Emotional	0	1	2	3	4	5	6
Numbness or Tingling	0	1	2	3	4	5	6
Feeling Slowed Down	0	1	2	3	4	5	6
Feeling Mentally “Foggy”	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
Visual Problems (double vision, blurring, etc)	0	1	2	3	4	5	6
TOTAL SYMPTOM SCORE:							
GRAND TOTAL OF ALL SYMPTOMS:							

ImPACT requires the subject to rate the severity of 22 concussive symptoms (e.g. headache, dizziness, sensitivity to light, etc), via a 7-point Likert scale.

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Post-Concussion Scale - Quick Reference Tables

Step 1: Look up the Classification range.

Step 2: Consider that the athlete's true score falls in the range of +/- 8 points surrounding the obtained score.

Step 3: Retest the athlete in a few days. If his/her score drops by 10 or more points, this is probably real improvement. If his/her score gets worse by 2 or more points, this should be taken seriously because athletes rarely get worse over time. In fact, of the 82 players tested twice, only 5% got worse by 5 or more points over the retest interval.

Step 4: Keep in mind that improvement doesn't mean recovery. The tables can be used to determine when an athlete's score falls in the broadly normal range. In our view, athletes who continue to report symptoms outside the broadly normal range, under most circumstances, should continue to rest.

Regular education high school boys		
Classification	Raw Scores	Percentile Ranks
Low- Normal	0	40.5
Normal	1 - 6	49-76
Unusual	7 - 13	79-90
High	14-21	91-95
Very High	22+	> 95

Regular education high school girls		
Classification	Raw Scores	Percentile Ranks
Low-Normal	0	29.4
Normal	1-8	40-75
Unusual	9-17	76-90
High	18-39	91-95
Very High	40+	> 95

Regular education university men		
Classification	Raw Scores	Percentile Ranks
Low-Normal	0	43.3
Normal	1-5	50-75
Unusual	6-12	78-90
High	13-20	91-95
Very High	21+	> 95

Regular education university women		
Classification	Raw Scores	Percentile Ranks
Low-Normal	0	26.7
Normal	1-10	32-75
Unusual	11-21	79-90
High	22-31	91-95
Very High	32+	> 95

UPMC Center for Sports Medicine Sports Concussion Program Peer-Reviewed Scientific References

We have just reviewed a brief summary of reliability, validity, and normative data regarding the neurocognitive and symptom scales contained within the ImPACT Concussion Management Software. Dr. Mark Lovell and Dr. Micky Collins at the UPMC (University of Pittsburgh Medical Center) Sports Concussion Program have published extensive literature examining relevant clinical issues pertaining to sports concussion and the utility of ImPACT. What follows is a recent (1999 to present) listing of peer-reviewed references in various medical journals. Many of these peer-reviewed publications contain additional psychometric data regarding the clinical use of ImPACT. Please contact Dr. Collins (412-432-3668) or Dr. Lovell (412-432-3670) if you desire copies of these manuscripts or having questions pertaining to these references.

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