

Concussion Signs and Symptoms Evaluation Form

Check off all positive signs, symptoms and testing findings

Signs observed by coaching staff	Symptoms reported by athlete
<input type="checkbox"/> Appears to be dazed or stunned	<input type="checkbox"/> Headache
<input type="checkbox"/> Is confused about assignment	<input type="checkbox"/> Nausea
<input type="checkbox"/> Forgets plays	<input type="checkbox"/> Balance problems or dizziness
<input type="checkbox"/> Is unsure of game, score, or opponent	<input type="checkbox"/> Double or fuzzy vision
<input type="checkbox"/> Moves clumsily	<input type="checkbox"/> Sensitivity to light or noise
<input type="checkbox"/> Answers questions slowly	<input type="checkbox"/> Feeling sluggish
<input type="checkbox"/> Loses consciousness (even temporarily)	<input type="checkbox"/> Feeling "foggy"
<input type="checkbox"/> Shows behavior or personality change	<input type="checkbox"/> Change in sleep pattern
<input type="checkbox"/> Forgets events prior to hit (retrograde)	<input type="checkbox"/> Concentration or memory problems
<input type="checkbox"/> Forgets events after hit (anterograde)	

On-field Cognitive Testing

ORIENTATION: Ask the athlete the following questions.

<input type="checkbox"/> What stadium is this?	<input type="checkbox"/> What month is it?
<input type="checkbox"/> What city is this?	<input type="checkbox"/> What day is it?
<input type="checkbox"/> Who is the opposing team?	

ANTEROGRADE AMNESIA: Ask the athlete to repeat the following words.

- Girl, dog, green

RETROGRADE AMNESIA: Ask the athlete the following questions.

<input type="checkbox"/> What happened in the prior quarter/period?	<input type="checkbox"/> What was the score of the game prior to the hit?
<input type="checkbox"/> What do you remember just prior to the hit?	<input type="checkbox"/> Do you remember the hit?

CONCENTRATION: Ask the athlete to do the following.

- Repeat the days of the week backward (starting with today).
- Repeat these numbers backward:
 63 (36 is correct)
 419 (914 is correct)

WORD LIST MEMORY: Ask the athlete to repeat the three words from earlier.

- Girl, dog, green

NEUROLOGICAL TESTING (from Sports Concussion Assessment Tool)

- Speech:** Slurring of words
- Arm Drift:** Ask athlete to stand with arms out front and parallel to the floor, palms down. Then, ask athlete to close eyes while in this position. Does one of their arms drift out of the position? Any change is abnormal.
- Sport Related Movements:** Ask athlete to repeat sports related movements – run, jump, cut, catch, etc. Any inability to perform these movements is abnormal.

Any failure should be considered abnormal. Consult a physician following a suspected concussion. Athlete must wait 15 minutes to return to play even if all findings are negative.