

Athlete Name: \_\_\_\_\_

**CONCUSSION SIGN & SYMPTOMS SHEET**

Balance Issues	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Change/Loss of Appetite	0	1	2	3	4	5	6
Dazed, Dizzy, Lightheaded	0	1	2	3	4	5	6
Drowsiness/Tired	0	1	2	3	4	5	6
Excitable/Combative	0	1	2	3	4	5	6
Foggy Feeling	0	1	2	3	4	5	6
Glassy Eyes	0	1	2	3	4	5	6
Headache	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Listlessness	0	1	2	3	4	5	6
Memory Loss	0	1	2	3	4	5	6
Memory Deficits	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Numbness	0	1	2	3	4	5	6
Photophobia	0	1	2	3	4	5	6
Poor Concentration	0	1	2	3	4	5	6
Post Traumatic Amnesia	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Retrograde Amnesia	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Sleepiness	0	1	2	3	4	5	6
Slurred Speech	0	1	2	3	4	5	6
Tinnitus	0	1	2	3	4	5	6
Tingling	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6

OTHER:

LOSS OF CONSCIOUSNESS: \_\_\_\_\_

Length of Time LOC \_\_\_\_\_