

# Concussion: Symptom Tracking Sheet

Athlete's name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age/grade: \_\_\_\_ / \_\_\_\_

Date of injury: \_\_\_\_\_ Documentation completed by: \_\_\_\_\_ Sport: \_\_\_\_\_

## Graded Symptoms Checklist

Symptoms	Activity tried (e.g., reading, walking, jogging)										
		Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time:
Headache											
Pressure in head											
Neck pain											
Nausea or vomiting											
Dizziness											
Blurred vision											
Balance problems											
Sensitivity to light											
Sensitivity to noise											
Feel slowed down											
Feel like "in a fog"											
Don't feel "right"											
▼ concentration											
▼ memory											
Fatigue/low energy											
Confusion											
Drowsiness											
Difficulty sleeping											
More emotional											
Irritability											
Sadness											
Nervous/anxious											

### Comments:

This information is provided by Providence Health & Services and our sports concussion specialists.

[Providence.org/concussion](http://Providence.org/concussion)

