

Concussion: Symptom Tracking Sheet

Athlete's name: _____ Date of birth: ____ / ____ / ____ Age/grade: ____ / ____

Date of injury: _____ Documentation completed by: _____

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.
providenceoregon.org/concussion