

CONCUSSION SIGNS AND SYMPTOMS

Checklist



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

Directions: Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes.

Danger signs: Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened.
- A headache that gets worse and does not go away.
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places.
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

| | 0 MINUTES | 15 MINUTES | 30 MINUTES | <input type="checkbox"/> MINUTES JUST PRIOR TO LEAVING |
|--|--------------|---------------|---------------|---|
| OBSERVED SIGNS | | | | |
| Appears dazed or stunned | | | | |
| Is confused about events | | | | |
| Repeats questions | | | | |
| Answers questions slowly | | | | |
| Can't recall events <i>prior</i> to the hit, bump, or fall | | | | |
| Can't recall events <i>after</i> the hit, bump, or fall | | | | |
| Loses consciousness (even briefly) | | | | |
| Shows behavior or personality changes | | | | |
| Forgets class schedule or assignments | | | | |
| PHYSICAL SYMPTOMS | | | | |
| Headache or "pressure" in head | | | | |
| Nausea or vomiting | | | | |
| Balance problems or dizziness | | | | |
| Fatigue or feeling tired | | | | |
| Blurry or double vision | | | | |
| Sensitivity to light | | | | |
| Sensitivity to noise | | | | |
| Numbness or tingling | | | | |
| Does not "feel right" | | | | |
| COGNITIVE SYMPTOMS | | | | |
| Difficulty thinking clearly | | | | |
| Difficulty concentrating | | | | |
| Difficulty remembering | | | | |
| Feeling more slowed down than usual | | | | |
| Feeling sluggish, hazy, foggy, or groggy | | | | |
| EMOTIONAL SYMPTOMS | | | | |
| Irritable | | | | |
| Sad | | | | |
| More emotional than usual | | | | |
| Nervous | | | | |

Resolution of injury:

- Student returned to class
 Student sent home
 Student referred to healthcare professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS: _____