Judson Independent School District Concussion Daily Symptoms Checklist

Athlete Name:		Stud	Student ID # G		Grade:	_ Date of Injury:		
Campus: Supervising Coach/Nurse/Athletic Trainer:								
	0 1	2	3		4	5		6
NONE		MODERATE				SEVERE		
NOTE: Grading of symptom severity on a scale 0-6.								
		Date & Time	Date & Time	Date & Time				
		Time						
	SYMPTOMS							
Physical Findings	Headache							
	Pressure in Head							
	Neck Pain							
	Nausea/Vomitting							
	Balance Problems							
	Dizziness							
	Visual Problems							
	Fatigue/Low Energy							
	Sensitivity to Light							
	Sensitivity to Noise							
	Numbness/Tingling							
Cognitive Findings	Feeling Slowed Down							
	Feeling Mentally "Foggy"							
	"Don't Feel Right"							
	Difficulty Concentrating							
	Difficulty Remembering							
Emotional Findings	Irritability							
	Sadness							
	More Emotional							
	Nervous/Anxious							
Sleep Findings	Drowsiness							
	Sleeping Less							
	Sleeping More							
	Trouble Falling Asleep							
S S								
Number of Symptoms/ Severity								
Scale (Add the Symptoms)								