

NATUROPATHIC DOCTOR

## **CONCUSSION SYMPTOM EVALUATION**

How do I feel today? - 'You should score yourself on the following symptoms on how you feel now'

	None		MILD	N	IODERATE		SEVERE
	Γ						
Headache	0	1	2	3	4	5	6
'Pressure in the Head'	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling Slowed Down	0	1	2	3	4	5	6
Feeling like 'in a fog'	0	1	2	3	4	5	6
'Don't Feel Right'	0	1	2	3	4	5	6
Difficulty Concentrating	0	1	2	3	4	5	6
Difficulty Remembering	0	1	2	3	4	5	6
Fatigue or Low Energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble Falling Asleep	0	1	2	3	4	5	6
More Emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Total Number of Sympton	ms (max possible 2	22)					
Symptoms Severity Score		•					
Do the symptoms get wo	rse with physical a	ctivity ?				Y	N

Do the symptoms get worse with physical activity ?		
Do the symptoms get worse with mental activity ?	Y	Ν

Self Rate	Self-rated and clinical monitored		
Clinical Interview	Self-rated with parental input		