

Cerebral Concussion

Directions:

The Post Concussion Symptom Scale is essentially a "state" measure of perceived symptoms associated with concussion. That is, the athlete is asked to report his or her "current" experience of the symptoms. This allows tracking of symptoms over very short intervals, such as consecutive days or even few days. After reading each symptom, please circle the number that best describes the way the athlete has been feeling today. A rating of 0 means they have not experienced this symptom today. A rate of 6 means they have experienced severe problems with this symptom today.

Date tested							
Date of Last known concussion(s)							
SYMPTOM	None	Mild		Moderate		Severe	
	0	1	2	3	4	5	6
Patient Type	0	1	2	3	4	5	6
Headaches	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble Falling Asleep	0	1	2	3	4	5	6
Sleeping Longer	0	1	2	3	4	5	6
Sleeping Less	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Intolerance to Light	0	1	2	3	4	5	6
Intolerance to Noise	0	1	2	3	4	5	6
Irritation	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervousness	0	1	2	3	4	5	6
Stronger Emotions	0	1	2	3	4	5	6
Numbness or Tingling	0	1	2	3	4	5	6
Mentally Slower	0	1	2	3	4	5	6
Mentally Blurred	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
Visual Problems	0	1	2	3	4	5	6
TOTAL SYMPTOM SCORE:							
GRAND TOTAL OF ALL SYMPTOMS:							

Step 1: Look up the Classification range.