In-Office Use

Use the links below to jump to a specific resource.

Concussion Management Protocol Recommendation

2 visit minimum concussion protocol with information on management, patient education, referrals, and ongoing monitoring

ACE: Acute Concussion Evaluation Physician/Clinical Office Version

Tool to screen for concussion

Post Concussion Symptom Inventories

Choose one age-appropriate child version and the parent version, or the adult version. All request information on symptoms.
NOTE: A scale for children 0-5 does not currently exist

- **Post Concussion Symptom Inventory for Children Pre/Post Version Ages 5-12:** completed by the 5-12-year-old child
- **Post Concussion Symptom Inventory Ages 13-18:** completed by the 13-18 year-old child
- **Post Concussion Symptom Inventory Parent:** completed by the parent of the child
- **Post Concussion Symptom Inventory Scale:** completed by an adult

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

CONCUSSION MANAGEMENT PROTOCOL

RECOMMENDATION: 2 VISIT MINIMUM

INITIAL VISIT

SYMPTOM EVALUATION AND PATIENT EDUCATION:

- ACE – Acute Concussion Evaluation *(Physician/Clinician Office version)*
- A Symptom Scale *(Age-appropriate version)*
- A Symptom Scale *(Parent/Adult Patient – fill out in office)*
- A Symptom Scale *(Parent/Adult Patient – take home)*
- ACE Care Plan *(Return to school or work version)*
- CDC Return to School Letter
- When Concussion Symptoms Aren't Going Away *(Age-appropriate version)*
- Any other educational materials or symptom tracker as needed

Send home an additional parent or adult version of a symptom scale to track symptoms over the next 4 weeks. This helps to understand what symptoms/behaviors to look for. Send home a letter to the school or work with recommendations. Research indicates that supports are more likely to be implemented if recommended by the healthcare professional.

With concussion diagnosis, recommend follow up visit in 4 weeks if any symptoms or any new behaviors since injury are present. Bring completed form to next visit.

4 WEEK POST INJURY VISIT

IF SYMPTOMS PERSIST OR NEW BEHAVIORS ARE PRESENT, CONSIDER THE FOLLOWING REFERRALS:

- A specialized concussion treatment center
- A neurologist
- A symptom-specific specialist *(e.g. neuro-ophthalmologist)*
- A brain trauma rehabilitation center
- A neuropsychological evaluation
- TEIS *(if child is under 3 years old)*
- School district *(3-5 years old)*
- School *(5 years and over)*

Note: Schools may not provide all the treatments needed. Research indicates that supports are more likely to be implemented if recommended by the healthcare professional.

YEARLY CHECK-UPS

ASK ABOUT:

- Any residual concussion symptoms
- Any changes in school or work performance

Brain Links

https://www.tndisability.org/brain

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ACUTE CONCUSSION EVALUATION (ACE)

Physician/Clinician Office Version

Gerard Gioia, PhD[1] & Micky Collins, PhD[2]
[1]Children's National Medical Center
[2] University of Pittsburgh Medical Center

Patient Name_____
DOB: _____ Age:_____
Date:_____ ID/MR#_____

A. Injury Characteristics **Date/Time of Injury**_____ **Reporter: __Patient __Parent __Spouse __Other**_____

1. Injury Description _____

_____

1a. Is there evidence of a forcible blow to the head (direct or indirect)? __Yes __No __Unknown
1b. Is there evidence of intracranial injury or skull fracture? __Yes __No __Unknown
1c. Location of Impact: __Frontal __Lft Temporal __Rt Temporal __Lft Parietal __Rt Parietal __Occipital __Neck __Indirect Force

2. Cause: __MVC __Pedestrian-MVC __Fall __Assault __Sports (specify)_____ Other_____

3. Amnesia Before (Retrograde) Are there any events just BEFORE the injury that you/ person has no memory of (even brief)? __ Yes __No Duration_____

4. Amnesia After (Anterograde) Are there any events just AFTER the injury that you/ person has no memory of (even brief)? __ Yes __No Duration_____

5. Loss of Consciousness: Did you/ person lose consciousness? __ Yes __No Duration_____

6. EARLY SIGNS: __Appears dazed or stunned __Is confused about events __Answers questions slowly __Repeats Questions __Forgetful (recent info)

7. Seizures: Were seizures observed? No__ Yes___ Detail_____

B. Symptom Check List* Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?

Indicate presence of each symptom (0=No, 1=Yes). ***Lovell & Collins, 1998 JHTR***

PHYSICAL (10)		COGNITIVE (4)		SLEEP (4)		
Headache	0 1	Feeling mentally foggy	0 1	Drowsiness	0 1	
Nausea	0 1	Feeling slowed down	0 1	Sleeping less than usual	0 1	N/A
Vomiting	0 1	Difficulty concentrating	0 1	Sleeping more than usual	0 1	N/A
Balance problems	0 1	Difficulty remembering	0 1	Trouble falling asleep	0 1	N/A
Dizziness	0 1	**COGNITIVE Total (0-4)**	_____	**SLEEP Total (0-4)**	_____	
Visual problems	0 1	**EMOTIONAL (4)**				
Fatigue	0 1	Irritability	0 1			
Sensitivity to light	0 1	Sadness	0 1			
Sensitivity to noise	0 1	More emotional	0 1			
Numbness/Tingling	0 1	Nervousness	0 1			
PHYSICAL Total (0-10)	_____	**EMOTIONAL Total (0-4)**	_____			
(Add Physical, Cognitive, Emotion, Sleep totals) Total Symptom Score (0-22)	_____					

Exertion: Do these symptoms worsen with:
Physical Activity __Yes __No __N/A
Cognitive Activity __Yes __No __N/A

Overall Rating: How different is the person acting compared to his/her usual self? (circle)
Normal 0 1 2 3 4 5 6 Very Different

C. Risk Factors for Protracted Recovery (check all that apply)

Concussion History? Y ___ N___	√	Headache History? Y ___ N___	√	Developmental History	√	Psychiatric History
Previous # 1 2 3 4 5		Prior treatment for headache		Learning disabilities		Anxiety
Longest symptom duration Days__ Weeks__ Months__ Years__		History of migraine headache __ Personal __ Family_____ _____		Attention-Deficit/ Hyperactivity Disorder		Depression
						Sleep disorder
If multiple concussions, less force caused reinjury? Yes__ No__				Other developmental disorder_____		Other psychiatric disorder _____

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures)_____

_____

D. RED FLAGS for acute emergency management: Refer to the emergency department with sudden onset of any of the following:

- * Headaches that worsen
- *Seizures
- * Focal neurologic signs
- * Looks very drowsy/ can't be awakened
- * Repeated vomiting
- * Slurred speech
- * Can't recognize people or places
- * Increasing confusion or irritability
- * Weakness or numbness in arms/legs
- * Neck pain
- * Unusual behavioral change
- * Change in state of consciousness

E. Diagnosis (ICD-10): __Concussion w/o LOC S06.0X0A __Concussion w/ LOC S06.0X1A __Concussion (Unspecified) S06.0X9A __Other (854)_
__No diagnosis

F. Follow-Up Action Plan **Complete *ACE Care Plan* and provide copy to patient/family.**

___ **No Follow-Up Needed**
___ **Physician/ Clinician Office Monitoring**: Date of next follow-up _____
___ **Referral:**
___ Neuropsychological Testing
___ Physician: Neurosurgery____ Neurology____ Sports Medicine____ Physiatrist____ Psychiatrist____ Other_____
___ Emergency Department

ACE Completed by:_____ **MD RN NP PhD ATC**

A concussion (or mild traumatic brain injury (MTBI)) is a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Disturbance of brain function is related to neurometabolic dysfunction, rather than structural injury, and is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional and sleep-related symptoms. Symptoms may last from several minutes to days, weeks, months or even longer in some cases.

ACE Instructions

The ACE is intended to provide an evidence-based clinical protocol to conduct an initial evaluation and diagnosis of patients (both children and adults) with known or suspected MTBI. The research evidence documenting the importance of these components in the evaluation of an MTBI is provided in the reference list.

A. Injury Characteristics:

1. Obtain **description of the injury** - how injury occurred, type of force, location on the head or body if force transmitted to head. Different biomechanics of injury may result in differential symptom patterns (e.g., occipital blow may result in visual changes, balance difficulties).

2. Indicate the **cause of injury**. Greater forces associated with the trauma are likely to result in more severe presentation of symptoms.

3/ 4. **Amnesia:** Amnesia is defined as the failure to form new memories. Determine whether amnesia has occurred and attempt to determine length of time of memory dysfunction – before (retrograde) and after (anterograde) injury. Even seconds to minutes of memory loss can be predictive of outcome. Recent research has indicated that amnesia may be up to 4-10 times more predictive of symptoms and cognitive deficits following concussion than is LOC (less than 1 minute).[1]

5. **Loss of consciousness (LOC)** - If occurs, determine length of LOC.

6. **Early signs.** If present, ask the individuals who know the patient (parent, spouse, friend, etc) about specific signs of the concussion/ MTBI that may have been observed. These signs are typically observed early after the injury.

7. Inquire whether **seizures** were observed or not.

B. Symptom Checklist: [2]

1. Ask patient (and/ or parent, if child) to report presence of the four categories of symptoms since injury. It is important to assess all listed symptoms as different parts of the brain control different functions. One or all symptoms may be present depending upon mechanisms of injury.[3] Record 1 for Yes or 0 for No for their presence or absence, respectively.

2. For all symptoms, indicate presence of symptoms as experienced within the past 24 hours. Since symptoms can be present premorbidly/at baseline (e.g., inattention, headaches, sleep, sadness), it is important to assess change from their typical presentation.

3. **Scoring**: Sum total number of symptoms present per area, and sum all four areas into Total Symptom Score (score range 0-22). (Note: most sleep symptoms are only applicable after a night has passed since the injury. Drowsiness may be present on the day of injury.) If symptoms are new and present, there is no lower limit symptom score. Any score > 0 indicates positive symptom history.

4. **Exertion:** Inquire whether any symptoms worsen with physical (e.g., running, climbing stairs, bike riding) and/or cognitive (e.g., academic studies, multi-tasking at work, reading or other tasks requiring focused concentration) exertion. Clinicians should be aware that symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. Over-exertion may protract recovery.

5. **Overall Rating:** Determine how different the person is acting from their usual self. Circle 0 (Normal) to 6 (Very Different).

C. Risk Factors for Protracted Recovery: Assess the following risk factors as possible complicating factors in the recovery process.

1. **Concussion history:** Assess the number and date(s) of prior concussions, the duration of symptoms for each injury, and whether less biomechanical force resulted in re-injury. Recent research indicates that cognitive and symptom effects of concussion may be cumulative, especially if there is minimal duration of time between injuries and less biomechanical force results in subsequent concussion (which may indicate incomplete recovery from initial trauma).[4-8]

2. **Headache history:** Assess personal and/or family history of diagnosis/treatment for headaches. Recent research indicates headache (migraine in particular) can result in protracted recovery from concussion.[8-11]

3. **Developmental history**: Assess history of learning disabilities, Attention-Deficit/Hyperactivity Disorder or other developmental disorders. Recent studies indicate the possibility of a longer period of recovery with these conditions.[12]

4. **Psychiatric history**: Assess for history of depression/mood disorder, anxiety, and/or sleep disorder. [13-16]

D. Red Flags: The patient should be carefully observed over the first 24-48 hours for these serious signs. Red flags are to be assessed as possible signs of deteriorating neurological functioning. Any positive report should prompt strong consideration of referral for emergency medical evaluation (e.g. CT Scan to rule out intracranial bleed or other structural pathology).[17]

E. Diagnosis: The following ICD-10 diagnostic codes may be applicable.

S06.0X0A (Concussion, with no loss of consciousness) – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); no evidence of LOC (A5), skull fracture or intracranial injury (A1b).

S06.0X1A (Concussion, with brief loss of consciousness < 30 minutes) - Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); positive evidence of LOC (A5), skull fracture or intracranial injury (A1b).

S06.0X9A (Concussion, unspecified) - Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); unclear/unknown injury details; unclear evidence of LOC (A5), no skull fracture or intracranial injury.

Other Diagnoses – If the patient presents with a positive injury description and associated symptoms, but additional evidence of intracranial injury (A 1b) such as from neuroimaging, a moderate TBI and the diagnostic category of **S06.890A (Intracranial injury)** should be considered.

F. Follow-Up Action Plan: Develop a follow-up plan of action for symptomatic patients. The physician/clinician may decide to (1) monitor the patient in the office or (2) refer them to a specialist. Serial evaluation of the concussion is critical as symptoms may resolve, worsen, or ebb and flow depending upon many factors (e.g., cognitive/ physical exertion, comorbidities). Referral to a specialist can be particularly valuable to help manage certain aspects of the patient's condition. (Physician/clinician should also complete the ACE Care Plan included in this tool kit.)

1. **Physician/clinician serial monitoring-** Particularly appropriate if number and severity of symptoms are steadily decreasing over time and/or fully resolve within 3-5 days. If steady reduction is not evident, referral to a specialist is warranted.
2. **Referral to a specialist –** Appropriate if symptom reduction is not evident in 3-5 days, or sooner if symptom profile is concerning in type/severity.
    - Neuropsychological Testing can provide valuable information to help assess a patient's brain function and impairment and assist with treatment planning, such as return to play decisions.
    - Physician Evaluation is particularly relevant for medical evaluation and management of concussion. It is also critical for evaluating and managing focal neurologic, sensory, vestibular, and motor concerns. It may be useful for medication management (e.g., headaches, sleep disturbance, depression) if post-concussive problems persist.

Post-Concussion Symptom Inventory for Children (PCSI-C)

Pre/Post Version 5 to 12

Name:_____ **Today's date:**_____ **Birthdate:**_____ **Age**_____ **Grade:**_____

Instructions: We would like to know if you have had any of these symptoms before your injury. Next, we would like to know if these symptoms have changed after your injury.

I am going to ask you to tell me about your symptom at two points in time - Before the Injury and Yesterday / Today. Interviewer: Please circle only one answer.

	0 = No 1 = A little 2 = A lot	Before the Injury /Pre-Injury				Current Symptoms/ Yesterday and Today		
1	Have you had headaches? Has your head hurt?	0	1	2		0	1	2
2	Have you felt sick to your stomach or nauseous?	0	1	2		0	1	2
3	Have you felt dizzy? (like things around you were spinning or moving)	0	1	2		0	1	2
4	Have you felt grumpy or irritable? (like you were in a bad mood)	0	1	2		0	1	2
5	Has it been hard for you to pay attention to what you are doing? (like homework or chores, listening to someone, or playing a game)	0	1	2		0	1	2
	Continue if age 8 or older							
6	Have you felt more drowsy or sleepy than usual?	0	1	2		0	1	2
7	Have bright lights bothered you more than usual? (like when you were in the sunlight, when you looked at lights, or watched TV)	0	1	2		0	1	2
8	Have loud noises bothered you more than usual? (like when people were talking, when you heard sounds, watched TV, or listened to loud music)	0	1	2		0	1	2
9	Have you had any balance problems or have you felt like you might fall when you walk, run or stand?	0	1	2		0	1	2
10	Have you felt sad?	0	1	2		0	1	2
11	Have you felt nervous or worried?	0	1	2		0	1	2
12	Have you felt like you are moving more slowly?	0	1	2		0	1	2
13	Have you felt like you are thinking more slowly?	0	1	2		0	1	2
14	Has it been hard to think clearly?	0	1	2		0	1	2
15	Have you felt more tired than usual?	0	1	2		0	1	2
16	Has it been hard for you to remember things? (like things you heard or saw, or places you have gone)	0	1	2		0	1	2
17	Have things looked blurry?	0	1	2		0	1	2

All Ages- Do you feel "different" than usual? (Circle one) 0=No 1=A little 2=A lot

PCSI Total Symptom Score	**Pre=**	**Post=**

Subscale scores (Age 8-12) Pre/Post	**Physical**	**Cognitive**	**Emotional**	**Fatigue**
	/	/	/	/

Authored / Developed by: Gioia, Janusz, Sady, Vaughan, Schneider & Natale. 2012.

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Post-Concussion Symptom Inventory
Ages 13-18 (PCSI-SR13)
Pre/Post Version

Patient Name:_____ **Today's date:**_____

Birthdate:_____ **Age:**_____

Instructions: We would like to know if you had any of these symptoms before your injury. Next, we would like to know if these symptoms have changed after your injury. Please rate the symptom at two points in time- **Before the Injury/Pre-Injury** and **Current Symptoms/ Yesterday and Today**.

Please answer all the items the best that you can. Do not skip any items. Circle the number to tell us how much of a problem this symptom has been for you.

0 = Not a problem 3 = Moderate problem 6 = Severe problem

		Before the Injury/ Pre-Injury		Current Symptoms/ Yesterday and Today
1	Headache	0 1 2 3 4 5 6		0 1 2 3 4 5 6
2	Nausea	0 1 2 3 4 5 6		0 1 2 3 4 5 6
3	Balance problems	0 1 2 3 4 5 6		0 1 2 3 4 5 6
4	Dizziness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
5	Visual problems (double vision, blurring)	0 1 2 3 4 5 6		0 1 2 3 4 5 6
6	Move in a clumsy manner	0 1 2 3 4 5 6		0 1 2 3 4 5 6
7	Sensitivity to light	0 1 2 3 4 5 6		0 1 2 3 4 5 6
8	Sensitivity to noise	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Physical	Total Pre=		Total Post=
9	Irritability	0 1 2 3 4 5 6		0 1 2 3 4 5 6
10	Sadness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
11	Nervousness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
12	Feeling more emotional	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Emotional	Total Pre=		Total Post=
13	Feeling mentally "foggy"	0 1 2 3 4 5 6		0 1 2 3 4 5 6
14	Difficulty concentrating	0 1 2 3 4 5 6		0 1 2 3 4 5 6
15	Difficulty remembering	0 1 2 3 4 5 6		0 1 2 3 4 5 6
16	Get confused with directions or tasks	0 1 2 3 4 5 6		0 1 2 3 4 5 6
17	Answer questions more slowly than usual	0 1 2 3 4 5 6		0 1 2 3 4 5 6
18	Feeling slowed down	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Cognitive	Total Pre=		Total Post=
19	Fatigue	0 1 2 3 4 5 6		0 1 2 3 4 5 6
20	Drowsiness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
21	Sleep more than usual	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Sleep/ Fatigue	Total Pre=		Total Post=
22	**In general, to what degree do you feel "differently" than before the injury (not feeling like yourself)?**	**No Difference 0 1 2 3 4 Major Difference** *Circle your rating with "0" indicating "Normal" (No Difference) and "4" indicating "Very Different" (Major Difference)*		

PCSI Total Symptom Score	**Pre (sum 4 domains) =**	**Post (sum 4 domains) =**
[Office Use Only]	**PCSI Total Adjusted Symptom Score (Post-Pre) =**	

Authored / Developed by: Gioia, Janusz, Vaughan & Sady. 2011-2014.

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Post-Concussion Symptom Inventory
Parent - Ages 5 to 18 (PCSI-P)
Pre/Post Version

Student's Name:_____ **Today's date:** _____

Birthdate:_____ **Age/ Grade:**_____

Person Completing Form:_____ **Relation: Mother ___ Father___ Other___**

Instructions: We would like to know if your child had problems with these symptoms before their injury. Next, we would like to know if these symptoms have changed after the injury. Please rate the problem at two points in time- **Before the Injury/ Pre-Injury** and **Current Symptoms/ Yesterday and Today**.

Please answer all the items the best that you can. Do not skip any items. Circle the number to tell us how much of a problem this symptom has been for your child.

0 = Not a problem 3 = Moderate problem 6 = Severe problem

		Before the Injury/ Pre-Injury		Current Symptoms/ Yesterday and Today
1	Complains of headaches	0 1 2 3 4 5 6		0 1 2 3 4 5 6
2	Complains of nausea	0 1 2 3 4 5 6		0 1 2 3 4 5 6
3	Has balance problems	0 1 2 3 4 5 6		0 1 2 3 4 5 6
4	Appears or complains of dizziness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
5	Has or complains of visual problems (blurry, double vision)	0 1 2 3 4 5 6		0 1 2 3 4 5 6
6	Appears to move in a clumsy manner	0 1 2 3 4 5 6		0 1 2 3 4 5 6
7	Sensitivity to light	0 1 2 3 4 5 6		0 1 2 3 4 5 6
8	Sensitivity to noise	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Physical	Total Pre =		Total Post =
9	Acts irritable	0 1 2 3 4 5 6		0 1 2 3 4 5 6
10	Appears sad	0 1 2 3 4 5 6		0 1 2 3 4 5 6
11	Acts nervous	0 1 2 3 4 5 6		0 1 2 3 4 5 6
12	Acts more emotional	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Emotional	Total Pre =		Total Post =
13	Acts or appears mentally "foggy"	0 1 2 3 4 5 6		0 1 2 3 4 5 6
14	Has difficulty concentrating	0 1 2 3 4 5 6		0 1 2 3 4 5 6
15	Has difficulty remembering	0 1 2 3 4 5 6		0 1 2 3 4 5 6
16	Becomes confused with directions or tasks	0 1 2 3 4 5 6		0 1 2 3 4 5 6
17	Answers questions more slowly than usual	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Cognitive	Total Pre=		Total Post =
18	Appears more tired or fatigued	0 1 2 3 4 5 6		0 1 2 3 4 5 6
19	Appears drowsy	0 1 2 3 4 5 6		0 1 2 3 4 5 6
20	Sleeping more than usual	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Sleep/Fatigue	Total Pre=		Total Post =
21	**In general, to what degree is your child acting "differently" than before the injury (not acting like himself or herself)?**	**No Difference 0 1 2 3 4 Major Difference** *Circle your rating with "0" indicating "Normal" (No Difference) and "4" indicating "Very Different" (Major Difference)*		

PCSI Total Symptom Score	**Pre (sum 4 domains) =**	**Post (sum 4 domains) =**
[Office Use Only]	**PCSI Total Adjusted Symptom Score (Post-Pre) =**	

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Post-Concussion Symptom Inventory
Adult
Pre/Post Version

Patient Name:_____ **Today's date:**_____

Birthdate:_____ **Age:**_____

Instructions: We would like to know if you had any of these symptoms before your injury. Next, we would like to know if these symptoms have changed after your injury. Please rate the symptom at two points in time- **Before the Injury/Pre-Injury** and **Current Symptoms/ Yesterday and Today**.

Please answer all the items the best that you can. Do not skip any items. Circle the number to tell us how much of a problem this symptom has been for you.

0 = Not a problem 3 = Moderate problem 6 = Severe problem

		Before the Injury/ Pre-Injury	Current Symptoms/ Yesterday and Today
1	Headache	0 1 2 3 4 5 6	0 1 2 3 4 5 6
2	Nausea	0 1 2 3 4 5 6	0 1 2 3 4 5 6
3	Balance problems	0 1 2 3 4 5 6	0 1 2 3 4 5 6
4	Dizziness	0 1 2 3 4 5 6	0 1 2 3 4 5 6
5	Visual problems (double vision, blurring)	0 1 2 3 4 5 6	0 1 2 3 4 5 6
6	Move in a clumsy manner	0 1 2 3 4 5 6	0 1 2 3 4 5 6
7	Sensitivity to light	0 1 2 3 4 5 6	0 1 2 3 4 5 6
8	Sensitivity to noise	0 1 2 3 4 5 6	0 1 2 3 4 5 6
	[Office Use Only] Physical	Total Pre=	Total Post=
9	Irritability	0 1 2 3 4 5 6	0 1 2 3 4 5 6
10	Sadness	0 1 2 3 4 5 6	0 1 2 3 4 5 6
11	Nervousness	0 1 2 3 4 5 6	0 1 2 3 4 5 6
12	Feeling more emotional	0 1 2 3 4 5 6	0 1 2 3 4 5 6
	[Office Use Only] Emotional	Total Pre=	Total Post=
13	Feeling mentally "foggy"	0 1 2 3 4 5 6	0 1 2 3 4 5 6
14	Difficulty concentrating	0 1 2 3 4 5 6	0 1 2 3 4 5 6
15	Difficulty remembering	0 1 2 3 4 5 6	0 1 2 3 4 5 6
16	Get confused with directions or tasks	0 1 2 3 4 5 6	0 1 2 3 4 5 6
17	Answer questions more slowly than usual	0 1 2 3 4 5 6	0 1 2 3 4 5 6
18	Feeling slowed down	0 1 2 3 4 5 6	0 1 2 3 4 5 6
	[Office Use Only] Cognitive	Total Pre=	Total Post=
19	Fatigue	0 1 2 3 4 5 6	0 1 2 3 4 5 6
20	Drowsiness	0 1 2 3 4 5 6	0 1 2 3 4 5 6
21	Sleep more than usual	0 1 2 3 4 5 6	0 1 2 3 4 5 6
	[Office Use Only] Sleep/ Fatigue	Total Pre=	Total Post=
22	**In general, to what degree do you feel "differently" than before the injury (not feeling like yourself)?**	**No Difference 0 1 2 3 4 Major Difference** *Circle your rating with "0" indicating "Normal" (No Difference) and "4" indicating "Very Different" (Major Difference)*	

PCSI Total Symptom Score [Office Use Only]	**Pre (sum 4 domains) =**	**Post (sum 4 domains) =**
	PCSI Total Adjusted Symptom Score (Post-Pre) =	

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Thank You!

We're here to help

Our mission is to bring together professionals to recognize the far-reaching and unique nature of brain injury and to improve services for survivors. If we can help you, please feel free to reach out!

Contact us:

tbi@tndisability.org

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https://www.tndisability.org/brain

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