APS ATHLETICS
Great for Kids!

Athlete _____

Sport/Level _____

Injury Date _____

Evaluator _____

Concussion Symptom Checklist

Symptom Checklist should be performed and scored on a 0 –6 scale daily.
(0 = none, 1 or 2 = mild, 3 or 4 moderate, 5 or 6 for severe symptoms)

If symptoms continue attach additional pages as needed.
Dates where athlete did not report scores should be noted.

SYMPTOM	Initial	1	2	3	4	5	6	7	8	9	10
	Completed on Concussion Evaluation form.	Step	Step	Step	Step	Step	Step	Step	Step	Step	Step
Date											
Headache											
Nausea											
Vomiting											
Balance problems/Dizziness											
Fatigue / Low Energy											
Trouble Falling Asleep											
Sleeping more than Usual											
Drowsiness											
Sensitivity to Light											
Sensitivity to Noise											
Sadness											
Nervousness / Anxious											
Numbness/Tingling/Neck Pain											
Feeling Slowed Down											
Feeling like “in a fog”											
Difficulty Concentrating											
Difficulty Remembering											
Blurred Vision											
Pressure in Head											
Confusion											
Irritability											
Other											
NOTES											

(revised August 2017)