Concussion Signs and Symptoms

Checklist

Student's Name: ___________________________  Student's Grade: ______  Date/Time of Injury: ________________

Where and How Injury Occurred: (Be sure to include cause and force of the hit or blow to the head.)

________________________________________________________________________

Description of Injury: (Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)

________________________________________________________________________

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

<table>
<thead>
<tr>
<th>OBSERVED SIGNS</th>
<th>0 MINUTES</th>
<th>15 MINUTES</th>
<th>30 MINUTES</th>
<th>MINUTES Just prior to leaving</th>
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<tbody>
<tr>
<td>Appears dazed or stunned</td>
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<tr>
<td>Is confused about events</td>
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<td>Repeats questions</td>
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<tr>
<td>Answers questions slowly</td>
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<tr>
<td>Can't recall events prior to the hit, bump, or fall</td>
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<tr>
<td>Can't recall events after the hit, bump, or fall</td>
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<td>Loses consciousness (even briefly)</td>
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<td>Shows behavior or personality changes</td>
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<td>Forgets class schedule or assignments</td>
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PHYSICAL SYMPTOMS

Headache or “pressure” in head
Nausea or vomiting
Balance problems or dizziness
Fatigue or feeling tired
Blurry or double vision
Sensitivity to light
Sensitivity to noise
Numbness or tingling
Does not “feel right”

COGNITIVE SYMPTOMS

Difficulty thinking clearly
Difficulty concentrating
Difficulty remembering
Feeling more slowed down
Feeling sluggish, hazy, foggy, or groggy

EMOTIONAL SYMPTOMS

Irritable
Sad
More emotional than usual
Nervous

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.
Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

☐ One pupil (the black part in the middle of the eye) larger than the other
☐ Drowsiness or cannot be awakened
☐ A headache that gets worse and does not go away
☐ Weakness, numbness, or decreased coordination
☐ Repeated vomiting or nausea
☐ Slurred speech
☐ Convulsions or seizures
☐ Difficulty recognizing people or places
☐ Increasing confusion, restlessness, or agitation
☐ Unusual behavior
☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

☐ Student returned to class
☐ Student sent home
☐ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: __________________________________________

TITLE: __________________________________________

COMMENTS: __________________________________________

For more information on concussion and to order additional materials for school professionals FREE-OF-CHARGE, visit: www.cdc.gov/Concussion.