

Colorado Springs Office  
 1710 Jet Stream Dr, Ste 215  
 Colorado Springs, CO 80921  
 Phone: 719-302-8922  
 Fax: (719) 694-8480



Castle Rock Office  
 4344 Woodlands Blvd, Ste 160  
 Castle Rock, CO 80104  
 Phone: 720-726-5128  
 Fax: (719) 694-8480

## Post-Concussion Symptom Scale

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

### SEVERITY RATING

Please use this scale to rate each symptom.

<b>None</b>		<b>Mild</b>		<b>Moderate</b>		<b>Severe</b>
0	1	2	3	4	5	6

Symptoms	Date:	Date:	Date:	Date:	Date:	Date:
Headache						
Nausea						
Vomiting						
Balance Problems						
Dizziness (spinning or movement sensation)						
Lightheadedness						
Fatigue						
Trouble falling asleep						
Sleeping more than usual						
Sleeping less than usual						
Drowsiness						
Sensitivity to light						
Sensitivity to noise						
Irritability						
Sadness						
Nervous/Anxious						
Feeling more emotional						
Numbness or tingling						
Feeling slowed down						
Feeling like "in a fog"						
Difficulty concentrating						
Difficulty remembering						
Visual problems						
Other:						
<b>Total</b>						

**Check any professionals that you have worked with or are currently working with:**

Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Neurologist \_\_\_\_\_ Chiropractor \_\_\_\_\_

Other: \_\_\_\_\_