## OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

## STEP 1: ATHLETE BACKGROUND

Sport / team / school:	
Date / time of injury:	
Years of education completed:	
Age:	
Gender: M/F/Other	
Dominant hand: left / neither / right	
How many diagnosed concussions has the athlete had in the past?:	
When was the most recent concussion?:	
How long was the recovery (time to being cleared to from the most recent concussion?:	play) (days)
Has the athlete ever been:	
Hospitalized for a head injury?	Yes No.
Diagnosed / treated for headache disorder or migralnes?	Yes No
Diagnosed with a learning disability / dyslexia?	Yes No
Diagnosed with ADD / ADHD?	
Diagnosed with depression, anxiety or other psychiatric disorder?	Yes No
Current medications? If yes, please list:	
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## STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud than complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: 

Baseline 

Post-Injury

Please hand the form to the athlete

	none mild moderate severe
Headache	6 6
"Pressure in head"	OTHER DESIGNATION OF THE STREET
Neck Pain	0 1 2 2 3 3 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Nausea or vomiling	0 1 1 2 3 3 4 5 6
Dizziness	0 1 1 1 1 2 5 3 14 7 6 1 6
Blurred vision	0 t 2 3 4 6 6
Balance problems	0 51 2 3 4 6 6
Sensitivity to light	0 1 2 3 4 5 6
Sensitivity to noise	0 1 2 3 4 5 6
Feeling slowed down	6 6
Feeling like "in a fog"	0 1 2 3 4 5 6
"Don't feel right"	0 3 1 2 2 1 3 4 4 5 6 6
Difficulty concentrating	000 1-27 03 44 5.46
Difficulty remembering	0.00 1 22 3 3 4 5 6
Fatigue or low energy	
Confusion	
Drowsiness	delibration of the conductive that the conductive and the conductive to the
**************************************	60.0012 2 3 8 3 4 5 6
More emotional	0 1 1 2 3 4 5 6
tretability	The latest marting and the control of the control o
Sadness	F01 14 5 21 3 4 5 6
Nervous of Anxious	0 0 2 3 3 4 8 6
Trouble falling asteep (if applicable)	0 1 1 2 3 4 5 6
Total number of symptoms:	\$20 ECC   100   10
Symptom severity score:	77-20 (G. 157) (G. 15
Da	
Do your symptoms get worse	
Do your symptoms get worse	with mental activity?
if 100% is feeling perfectly no percent of normal do you feel	rmal, what
f not 100%, why?	

Please hand form back to examiner