Post-Concussion Symptom Scale

Directions: After reading each symptom, please circle the number that best describes the way you have been feeling today (please answer sleep rated questions for last night). A rating of 0 means you **have not** experienced this symptom today. A rating of 6 means you have experienced severe problems with this symptom today.

PATIENT LABEL HERE
(DOS = Date test)

Date(s) of last known concussion(s):

SYMPTOM	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Sleeping more than usual	0	1	2	3	4	5	6
Sleeping less than usual	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervousness	0	1	2	3	4	5	6
Feeling more emotional	0	1	2	3	4	5	6
Numbness or tingling	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling mentally “foggy”	0	1	2	3	4	5	6
Difficultly concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6

OFFICE USE ONLY
Total symptom score:
GRAND TOTAL OF ALL SYMPTOMS:

Source: Lovell and Collins, 1998

This information is provided by our sports concussion specialists.

PROVIDENCE Health & Services

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