

GRADED SYMPTOM SCALE

You are grading how much the symptom bothers you. Circle the number that best fits the symptom. “0” means that you don’t have the symptom. “6” means that the symptom is the worst you have ever experienced. Please do not write below the STOP HERE line.

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 / dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble sleeping	0	1	2	3	4	5	6
Sleeping more 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
Blurred vision	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Numbness/tingling	0	1	2	3	4	5	6
Feeling like “in a fog”	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6