

Post-Concussion Symptom Inventory (PCSI-P)
 Parent Assessment Form
 Pre and Post-Injury Report

Student's Name:

Today's date:

Birthdate: Age/ Grade:

Person Completing Form: Relation: Mother ___ Father___ Other___

Instructions: We would like to know if your child had problems with these symptoms before their injury. Next, we would like to know if these symptoms have changed after the injury. Please rate the problem at two points in time: Before the Injury (Pre-Injury) and also Current Symptoms (Yesterday and/or Today).

Please answer all the items the best that you can. Do not skip any items. Circle the number to tell us how much of a problem this symptom has been for your child.

0 = Not a problem 3 = Moderate problem 6 = Severe problem

	Before the Injury/Pre-Injury	Current Symptoms/ yesterday and/or today
1	Complains of headaches 0 1 2 3 4 5 6	 0 1 2 3 4 5 6
2	Complains of nausea 0 1 2 3 4 5 6	 0 1 2 3 4 5 6
3	Has balance problems 0 1 2 3 4 5 6	 0 1 2 3 4 5 6
4	Appears or complains of dizziness 0 1 2 3 4 5 6	 0 1 2 3 4 5 6

5	Appears drowsy	0 1 2 3 4 5 6	0 1 2 3 4 5 6
6	Sleeping more than usual	0 1 2 3 4 5 6	0 1 2 3 4 5 6
7	Sensitivity to light	0 1 2 3 4 5 6	0 1 2 3 4 5 6
8	Sensitivity to noise	0 1 2 3 4 5 6	0 1 2 3 4 5 6
9	Acts irritable	0 1 2 3 4 5 6	0 1 2 3 4 5 6
10	Appears sad	0 1 2 3 4 5 6	0 1 2 3 4 5 6
11	Acts nervous	0 1 2 3 4 5 6	0 1 2 3 4 5 6
12	Acts more emotional	0 1 2 3 4 5 6	0 1 2 3 4 5 6
13	Acts or appears mentally "foggy"	0 1 2 3 4 5 6	0 1 2 3 4 5 6
14	Has difficulty concentrating	0 1 2 3 4 5 6	0 1 2 3 4 5 6

15 Has difficulty remembering

0 1 2 3 4 5 6

0 1 2 3 4 5 6

16 Has or complains of visual problems (blurry,
double vision)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

17 Appears more tired or fatigued

0 1 2 3 4 5 6

0 1 2 3 4 5 6

18 Becomes confused with directions or tasks

0 1 2 3 4 5 6

0 1 2 3 4 5 6

19 Appears to move in a clumsy manner

0 1 2 3 4 5 6

0 1 2 3 4 5 6

20 Answers questions more slowly than usual

0 1 2 3 4 5 6

0 1 2 3 4 5 6

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In general, to what degree is your child
acting "differently" than before the injury
(not acting like himself or herself)?

No Difference 0 1 2 3 4 Major Difference

Circle your rating with "0" indicating "Normal" (No Difference) and
"4" indicating "Very Different" (Major Difference)

Adapted from: Gioia, G. A., Janusz, J. A., Isquith, P. K., & Vincent, D. (2008). "Psychometric properties of the parent and teacher Post-Concussion Symptom Inventory (PCSI) for children and adolescents" [Abstract]." Journal of the International Neuropsychological Society **14(Suppl. 1)**: 204.