

NAME					INJ DATE	INJ TIME			EXAMINER			
	Injury	2-3 hours	Day 2	Day 3	Day 4	Day 5	Day 6		Other	Other	Other	Other
EXAM INTERVAL												
EXAM DATE												
EXAM TIME												

SYMPTOMS	RATE SYMPTOMS: 0=NOT PRESENT 1=MILD 3=MODERATE 6=SEVERE											
Blurred vision												
Dizziness												
Drowsiness												
Easily distracted												
Excessive sleep												
Fatigue												
Feel "in a fog"												
Headache												
Inappropriate emotions												
Irritability												
Memory problems												
Nausea												
Neck pain or soreness												
Nervousness												
Numbness and tingling sensation												
Personality change												
Poor balance/coordination												
Poor concentration												
Ringling or buzzing in ears												
Sadness												
Seeing stars												
Sensitivity to light												
Sensitivity to noise												
Sleep disturbance												
Vomiting												
% rating as described below												

Compared to when you feel your best (100%), how would you rate yourself, right now, in terms of your overall condition? (____/100)

