



VALID | RELIABLE | SAFE

For more information about ImPACT call 877-646-7991 or visit www.impacttest.com

Patient: _____ DOB: _____

SEVERITY RATING

Please use this scale to rate each symptom.

None 0 Mild 1 2 3 4 5 Severe 6

POST-CONCUSSION SYMPTOM SCALE

Symptoms	Date:	Date:	Date:	Date:	Date:	Date:
Headache						
Nausea						
Vomiting						
Balance Problems						
Dizziness (spinning or movement sensation)						
Lightheadedness						
Fatigue						
Trouble falling asleep						
Sleeping more than usual						
Sleeping less than usual						
Drowsiness						
Sensitivity to light						
Sensitivity to noise						
Irritability						
Sadness						
Nervous/Anxious						
Feeling more emotional						
Numbness or tingling						
Feeling slowed down						
Feeling like "in a fog"						
Difficulty concentrating						
Difficulty remembering						
Visual problems						
Other						
Total						