

Name: _____ **DOB:** _____ **MRN:** _____

Date: _____

Please rate your symptoms based on how you are feeling today				
	Never	A little/ Rarely	Somewhat/ Sometimes	A lot/ Often
I have headaches	0	1	2	3
I feel dizzy	0	1	2	3
I feel like the room is spinning	0	1	2	3
I feel like I'm going to faint	0	1	2	3
Things are blurry when I look at them	0	1	2	3
I see double	0	1	2	3
I feel sick to my stomach	0	1	2	3
My neck hurts	0	1	2	3
I get tired a lot	0	1	2	3
I get tired easily	0	1	2	3
I have trouble paying attention	0	1	2	3
I get distracted easily	0	1	2	3
I have a hard time concentrating	0	1	2	3
I have problems remembering what people tell me	0	1	2	3
I have problems following directions	0	1	2	3

I daydream too much	0	1	2	3
I get confused	0	1	2	3
I forget things	0	1	2	3
I have problems finishing things	0	1	2	3
I have trouble figuring things out	0	1	2	3
It's hard for me to learn new things	0	1	2	3

Total number of symptoms of 21

Symptom severity score of 63

Do the symptoms get worse with physical activity? YES or NO

Do the symptoms get worse with trying to think? YES or NO

Overall rating for child to answer:

Very bad

Very good

On a scale of 0 to 10 (where 10 is normal) how do you feel right now?
If not 10, in what way do you feel different?

0 1 2 3 4 5 6 7 8 9 10