

Name: _____ DOB: _____ MRN: _____
 Date: _____

The child:				
	Never	A little/ Rarely	Somewhat/ Sometimes	A lot/ Often
Has headaches	0	1	2	3
Feels dizzy	0	1	2	3
Has a feeling that the room is spinning	0	1	2	3
Feels faint	0	1	2	3
Has blurred vision	0	1	2	3
Has double vision	0	1	2	3
Experiences nausea	0	1	2	3
Has a sore neck	0	1	2	3
Gets tired a lot	0	1	2	3
Gets tired easily	0	1	2	3
Has trouble sustaining attention	0	1	2	3
Is easily distracted	0	1	2	3
Has difficulty concentrating	0	1	2	3
Has problems remembering what he/she is told	0	1	2	3
Has difficulty following directions	0	1	2	3

Tends to daydream	0	1	2	3
Gets confused	0	1	2	3
Is forgetful	0	1	2	3
Has difficulty completing tasks	0	1	2	3
Has poor problem solving skills	0	1	2	3
Has problems learning	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 mental activity? YES or NO

Overall rating for parent/teacher/coach to answer:

On a scale of 0 to 100% (where 100% is normal) how would you rate the child now?

If not 100%, in what way does the child seem different?