



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



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 **Current Symptoms/ Yesterday and 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 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 <u>more than usual</u>	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 <u>than usual</u>	0 1 2 3 4 5 6		0 1 2 3 4 5 6
PCSI Total Symptom Score		Pre-Injury _____		Post-Injury _____
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 <i>Circle your rating with "0" indicating "Normal" (No Difference) and "4" indicating "Very Different" (Major Difference)</i>		