**Concussion Symptom Checklist**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Instructions: For each item please indicate how much the symptom has bothered you over the ***past 2 days***

OCAMP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptoms**  | **none**  | **mild**  | **moderate**  | **severe**  |
| **Physical** | Headache  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Nausea  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Vomiting  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Balance Problem  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Dizziness  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Visual Problems  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Fatigue  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Sensitivity to Light  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Sensitivity to Noise  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Numbness/Tingling  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Pain other than Headache  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| **Thinking** | Feeling Mentally Foggy  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Feeling Slowed Down  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Difficulty Concentrating  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Difficulty Remembering  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| **Sleep** | Drowsiness  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Sleeping Less than Usual  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Sleeping More than Usual  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Trouble Falling Asleep  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| **Emotional** | Irritability  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Sadness  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Nervousness  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
| Feeling More Emotional  | 0  | 1  | 2  | 3  | 4  | 5  | 6  |

**Exertion:** Do these symptoms worsen with:

 Physical Activity m Yes m No m Not applicable Thinking/Cognitive Activity m Yes m No m Not applicable

**Overall Rating:** How different is the person acting compared to his/her usual self?

 Same as Usual 0 1 2 3 4 5 6 Very Different

**Activity Level:** Over the past two days, compared to what I would typically do, my level of activity has been \_\_\_\_\_\_% of what it would be normally.

Oregon Concussion Awareness and Management Program