Concussion Grading Scale

The Post concussion Symptom Scale is essentially a "state" measure of perceived symptoms associated with concussion. That is, the athlete is asked to report his or her "current" experience of the symptoms. This allows tracking of symptoms over very short intervals, such as consecutive days or every few days. Directions: After reading each symptom, please circle the number that best describes the way the athlete has been feeling today. A rating of 0 means they have not experienced this symptom today. A rating of 6 means they have experienced severe problems with this symptom today.

| Date tested | | | | | | | | |
|--|------|---|---------------|-----|------------|----|--------|--|
| Date of Last known concussion(s) | | | | I | | 1 | | |
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| SYMPTOM | None | 1 | Mild | | Moderate | | Severe | |
| 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 Problems | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Dizziness | 0 | 1 | 2 | - 3 | 4 | 5 | 6 | |
| Fatigue | 0 | 1 | 2 | 3 | 4 | .5 | 6 | |
| Trouble Falling Asleep | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Sleeping More Than Usual | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Sleeping Less Than Usual | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Drowsiness | 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 | |
| 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 | |
| Numbness or Tingling | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Feeling Slowed Down | 0 | 1 | 2 | . 3 | 4 | 5 | 6 | |
| Feeling Mentally "Foggy" | 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 | |
| Visual Problems (double vision, blurring, etc) | 0 | 1 | 2 | 3 | 44 | 5 | 6 | |
| TOTAL SYMPTOM SCORE: | | | | | | | | |
| GRAND TOTAL OF ALL SYMPTOMS: 1 | | | 022 | | | | | |

ImPACT requires the subject to rate the severity of 22 concussive symptoms (e.g. headache, dizziness, sensitivity to light, etc), via a 7-point Likert scale.