

NAME \_\_\_\_\_ SPORT \_\_\_\_\_ DATE \_\_\_\_\_

HOURS OF SLEEP: \_\_\_\_\_ CURRENT TIME: \_\_\_\_\_

	<u>NONE</u>		<u>MODERATE</u>			<u>SEVERE</u>		<u>NOTES:</u>
	0	1	2	3	4	5	6	
Headache	0	1	2	3	4	5	6	
Pressure in head	0	1	2	3	4	5	6	
Neck pain	0	1	2	3	4	5	6	
Nausea or vomiting	0	1	2	3	4	5	6	
Dizziness	0	1	2	3	4	5	6	
Blurred vision	0	1	2	3	4	5	6	
Balance Problems	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	
Feeling slowed down	0	1	2	3	4	5	6	
Feeling as if "in a fog"	0	1	2	3	4	5	6	
"Don't feel right"	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	
Fatigue or low energy	0	1	2	3	4	5	6	
Confusion	0	1	2	3	4	5	6	
Drowsiness	0	1	2	3	4	5	6	
Trouble falling asleep	0	1	2	3	4	5	6	
More emotional	0	1	2	3	4	5	6	
Irritability	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Nervous or anxious	0	1	2	3	4	5	6	
Total Score: / 132								

Do the symptoms get worse with mental activity??  Yes  No

I was able to attend a full day of classes today without symptoms: T / F

I am able to complete my homework at my usual ability and timeliness, without worsening my symptoms: T / F

MEDICATIONS:

NOTES:

RTP Stage: