

# MINDS MATTER CONCUSSION PROGRAM

## Worksheet

Name: \_\_\_\_\_ Date of injury: \_\_\_\_\_

This worksheet is designed to help you and your child monitor concussion symptoms during the recovery process. You may want to bring this with you to your doctor's office to share your child's progress.

Date/Day of the Week:							
Location (check box)	<input type="checkbox"/> Home <input type="checkbox"/> School						
Duration (check box)	<input type="checkbox"/> Full day <input type="checkbox"/> Partial day						
Cognitive activity and duration (i.e. school work)							
Physical activity and duration (i.e. exercise)							
Symptoms (see full list on opposite side)							
Method to reduce symptoms (i.e. rest)							
Duration of symptoms							
Completed home exercise program (HEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial						

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## Worksheet

### Concussion Symptom Checker



#### PHYSICAL

- Headache
- Nausea and vomiting
- Slowed reaction time
- Sensitivity to light
- Sensitivity to sound



#### THINKING/REMEMBERING

- Difficulty concentrating
- Difficulty remembering
- Confusion
- Feeling “mentally foggy”
- Feeling slowed down



#### VISION/BALANCE

- Balance problems
- Dizziness
- Eye strain/symptoms with eye movement
- Fuzzy or blurry vision
- Motion sensitivity



#### MOOD DISRUPTION

- More emotional
- Irritable
- Sad
- Nervous
- Depressed
- Anxious



#### SLEEP

- Sleeping more or less than usual
- Trouble falling asleep
- Trouble staying asleep
- Feeling fatigued or drowsy