

Name: _____

Date of Injury: _____ / _____ / _____

Sport: _____ Grade: _____

Time of Injury: _____ AM/PM

The **Graded Symptom Checklist (GSC)** will help the **Athletic Training staff** and **Physician** document the recovery process following a concussion. It is vital accurate information is documented on the **GSC** to ensure the safety of the injured student-athlete and to make return-to-play decisions.

Graded Symptom Checklist

| | T=Time D=Date | T: D: | T: D: | T: D: | T: D: | T: D: |
|--------------------------|--------------------------|----------|----------|----------|----------|----------|
| Symptom | | | | | | |
| Headache | | | | | | |
| “Pressure in the Head” | | | | | | |
| Neck Pain | | | | | | |
| Nausea / Vomiting | | | | | | |
| Dizziness | | | | | | |
| Blurred Vision | | | | | | |
| Balance problems | | | | | | |
| Sensitivity to light | | | | | | |
| Sensitivity to noise | | | | | | |
| Feeling slowed down | | | | | | |
| “Feeling in a fog | | | | | | |
| “Don’t feel right” | | | | | | |
| Difficulty concentrating | | | | | | |
| Difficulty remembering | | | | | | |
| Fatigue / low energy | | | | | | |
| Confusion | | | | | | |
| Drowsiness | | | | | | |
| Trouble falling asleep | | | | | | |
| Feeling more emotional | | | | | | |
| Irritability | | | | | | |
| Sadness | | | | | | |
| Nervous or anxious | | | | | | |
| | | | | | | |
| Sleeping more than usual | | | | | | |
| Sleeping less than usual | | | | | | |
| Numbness or tingling | | | | | | |
| | | | | | | |
| | | | | | | |

Directions: Fill in the appropriate time and date for each symptom grading column. Provide individual input and ask the student-athlete to grade the severity of symptoms based on the following scale:

0=not present, 1=mild, 2=mild-moderate, 3=moderate, 4=moderate-severe, 5= severe, 6= most severe

Have the student-athlete return the GSC to the Athletic Training room the following day.