**DYFL Graded Concussion Symptom Checklist**

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| --- |
| **Date:** \_\_\_\_\_\_\_**Time:** \_\_\_\_\_\_\_ **Hours of Sleep:** \_\_\_\_\_\_\_ **Date of Diagnosis:** \_\_\_\_\_\_\_ |

* **Grade the 22 symptoms with a score of 0 through 6.**

**Baseline Score**

**Post Concussion Score**

* + *Note that these symptoms may not all be related to a concussion.*
* **You can fill this out at the beginning of the season as a baseline** *(after a good night’s sleep).*
* **If you suffer a suspected concussion, use this checklist to record your symptoms daily.**
  + *Be consistent and try to grade either at the beginning or end of each day.*
* **There is no scale to compare your total score to; this checklist helps you follow your symptoms on a day-to-day basis.**
  + *If your total scores are not decreasing, see your physician right away.*
* **Show your baseline (if available) and daily checklists to your physician.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **None** | **Mild** | **Moderate** | | **Severe** | | | |
| 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 like “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 than usual | **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 Sum of Each Column** | **0** |  |  |  |  |  | |  |
| **Total Symptom Score (Sum of all column totals)** | | | | | | |  | |

**Name: League:**

**D.O.B.: Sport:** Football **Physician:**