

Initial Visit Concussion Questionnaire

| | YES ✓ | NO ✓ |
|--|----------|---------|
| Do you have a history of motion sickness prior to injury? | | |
| Are you, since your injury, feeling car-sick? | | |
| Do busy environments make you feel fatigued? | | |
| Do busy environments make you feel anxious? | | |
| Do busy environments make you feel foggy? | | |
| Do busy environments make you feel nauseated? | | |
| When looking up and down or turning your head, do you have <u>dizziness</u> or <u>nausea</u> ? | | |
| Do you have dizziness/lightheadedness when standing quickly after sitting? | | |
| Does moving quickly make you feel dizzy? | | |
| Do you have a prior history of problems with anxiety? | | |
| Do you have difficulty turning off your thoughts? | | |
| Do you have difficulty falling asleep? | | |
| Are you very worried about your symptoms or recovery? | | |
| Are you experiencing more stress than usual? | | |
| Do you have pressure around or behind your eyes or in your forehead when reading or looking at a computer or taking notes? | | |
| Do you have blurry or fuzzy vision while reading or looking at a computer? | | |
| Do you have a history of ADHD/ADD or learning disability? | | |
| Do you have difficulty concentrating? | | |
| Are you more distractible than usual? | | |
| Do you have difficulty doing math? | | |
| Do you feel much more tired than usual by the end of the day? | | |
| Do you have a history of migraines prior to injury? | | |
| Do any of your biological family members have migraine histories? | | |
| Since your injury, do you have headaches with light or noise sensitivity and nausea? | | |
| If you are having headaches.... | | |
| ...Are they present when you wake up? | | |
| ...If present upon awakening, do they get better in the first hour or two of being up? | | |
| ...Do they worsen throughout the day | | |
| Is your neck stiff or sore? | | |