

Nebraska

Concussion

Network

Concussion Symptom Inventory (CSI)

| Player Name: | | | | | | | | |
|--------------------------------------|-------------|-------------|--|-----------------|--|--------------|--|-------|
| Date of Injury: Date of Exam: | | | | | | | | |
| | absent 0 | mild 1 2 | | moderate 3 4 | | severe 56 | | Score |
| Headache | | | | | | | | |
| Nausea | | | | | | | | |
| Balance problems/Dizziness | | | | | | | | |
| Fatigue | | | | | | | | |
| Drowsiness | | | | | | | | |
| Feel like "in a fog" | | | | | | | | |
| Difficulty concentrating | | | | | | | | |
| Difficulty remembering | | | | | | | | |
| Sensitivity to light | | | | | | | | |
| Sensitivity to noise | | | | | | | | |
| Blurred vision | | | | | | | | |
| Feeling slowed down | | | | | | | | |
| Other symptoms evident since injury? | | | | | | Total: | | |

Used with permission: Randolph, C, Millis, S., Barr, WB, McCrea, M, Guskiewicz, KM, Hammeke, TA & Kelly, JP. Concussion Symptom Inventory: An Empirically Derived Scale for Monitoring Resolution of Symptoms Following Sports-Related Concussion. Arch. Clin. Neuropsych, 24 (2009) 219-229.

> Anyone under 19 years old should not be allowed to return to play while presenting with any SYMPTOMS of a potential head injury

Orientation

Ask the athlete the following questions.

Which period/half is it now? Who scored last in today's game/event? What team did you play last week? Did your team win the last game/event? What time is it right now? (within 1 hr.) Where are you currently? What month is it? What is today's date? What is the day of the week? What year is it?

Memory

Ask the athlete to repeat the following words.

Elbow, Apple, Carpet

Ask the athlete the following questions.

What were you doing just prior to getting hit/injured? Do you remember what happened, how you got hit/injured? Do you recall how you got from the field to the sideline?

Concentration

Ask the athlete to do the following.

Repeat the months of the year backwards starting with last month. Repeat these numbers backwards: 4-9-3 (3-9-4 is correct) 3-8-1-4 (4-1-8-3 is correct)

Word List Recall

Ask the athlete to repeat the words from earlier. (Any order) Elbow, Apple, Carpet

Balance Test

Have the athlete stand heel-to-toe with eyes closed, and hands on hips, for 20 seconds while trying to maintain stability.

Non-dominant foot in back; weight evenly distributed across both feet. Count the number of times they remove hands from hips, stumble/fall out of position, bend excessively at the hips, open eyes, or remain out of position for >5 seconds. More than 5 errors may indicate a concussion or potential head injury.

Any failure should be considered abnormal. Consult a physician following a suspected concussion.

www.nebsportsconcussion.org

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