

# 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.

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