***Score yourself on the following symptoms, based on how you feel now. Circle your answers.***

1. Headache

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

2. "Pressure in head"

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

3. Neck Pain

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

4. Nausea or vomiting

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

5. Dizziness

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

6. Blurred Vision

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

7. Balance Problems

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

8. Sensitivity to light

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

9. Sensitivity to noise

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

10. Feeling slowed down

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

11. Feeling like "in a fog"

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

12. "Don't feel right"

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

13. Difficulty concentrating

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

14. Difficulty remembering

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

15. Fatigue or low energy

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

16. Confusion

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

17. Drowsiness

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

18. Trouble falling asleep

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

19. More emotional

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

20. Irritability

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

21. Sadness

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

22. Nervous or anxious

\_0. \_1. \_2. \_3. \_4. \_5. \_6.

None Mild Moderate Severe

**Total number of symptoms (Max possible 22): \_\_\_** (count response that are >0)

**Symptom Severity Score (Max possible 132): \_\_\_** (sum all responses)

Do the symptoms get worse with physical activity? \_1. Yes \_ 0. No

Do your headaches get worse with physical activity? \_1. Yes \_ 0. No

Do the symptoms get worse with mental activity? \_1. Yes \_ 0. No

Do your headaches get worse with mental activity? \_1. Yes \_ 0. No

Reference:

Begasse de Dhaem, O., Barr, W.B., Balcer, L.J. et al. Post-traumatic headache: the use of the sport concussion assessment tool (SCAT-3) as a predictor of post-concussion recovery. J Headache Pain 18, 60 (2017). https://doi.org/10.1186/s10194-017-0767-5