Name _____ ☐ M ☐ F Birthdate _____ Date of Injury _____

Sport/Team/School _____ Phone _____

☐ Parent/Guardian Contacted _____ Phone _____

Initial Examiner _____ Phone _____

Primary Care Physician _____ Phone _____

Concussion Management Team Leader _____ Phone _____

**Athlete's Symptoms SCORE Card 1**

KSCP Kansas Sports Concussion Partnership

www.KansasConcussion.org

*A project sponsored by* Kansas Medical Society

*This SCORE Card must be filled out each time you see a physician for a concussion. Kansas law requires a physician's authorization to get you "back in the game."*

| **Symptom Evaluation** How do you feel now? Score the symptoms: none 0 mild 1 2 moderate 3 4 severe 5 6 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Exam Date: | | | | | | | | | | | | | | |
| | By: | | | | | | | | | | | | | | |
| PHYSICAL | 1. Headache | | | | | | | | | | | | | | |
| | 2. Pressure in head | | | | | | | | | | | | | | |
| | 3. Neck pain | | | | | | | | | | | | | | |
| | 4. Nausea or vomiting | | | | | | | | | | | | | | |
| | 5. Dizziness | | | | | | | | | | | | | | |
| | 6. Blurred vision | | | | | | | | | | | | | | |
| | 7. Balance problems | | | | | | | | | | | | | | |
| | 8. Sensitivity (light) | | | | | | | | | | | | | | |
| | 9. Sensitivity (noise) | | | | | | | | | | | | | | |
| | 10. Fatigue or low energy | | | | | | | | | | | | | | |
| | 11. Don't feel right | | | | | | | | | | | | | | |
| COGNITIVE | 12. Feeling slowed down | | | | | | | | | | | | | | |
| | 13. Feeling like in a fog | | | | | | | | | | | | | | |
| | 14. Difficulty concentrating | | | | | | | | | | | | | | |
| | 15. Difficulty remembering | | | | | | | | | | | | | | |
| | 16. Confusion | | | | | | | | | | | | | | |
| EMOTIONAL | 17. More emotional | | | | | | | | | | | | | | |
| | 18. Irritability | | | | | | | | | | | | | | |
| | 19 Sadness | | | | | | | | | | | | | | |
| | 20. Nervous or anxious | | | | | | | | | | | | | | |
| SLEEP | 21. Drowsiness | | | | | | | | | | | | | | |
| | 22. Trouble falling asleep | | | | | | | | | | | | | | |

**SCORE Cards** ..... *FOR OFFICE USE ONLY* .....

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **Total # of Symptoms** (22 max.) | | | | | | | | | | | | | | |
| | **Symptom Severity Score** (132 max.) | | | | | | | | | | | | | | |
| 2 | **Total # of Balance Errors** (30 max.) | | | | | | | | | | | | | | |
| | **F-to-N Coordination Task** (1 max.) | | | | | | | | | | | | | | |
| | **Total Cognition Score** (30 max.) | | | | | | | | | | | | | | |

If accommodations in school are necessary, go to **Classroom $R_X$ Form** 3 to direct their **Return to Learn** progression.

When the student athlete is symptom-free, with normal exams, and attending school without difficulty, consider clearing the athlete to start the **Warm-up to Play** using **Release Form** 4.

*Adapted from SCAT3, McCrory P, et al. Br J Sports Med 2013;47:250–258*

2/2016