

Nebraska Sports Concussion Network



www.NebSportsConcussion.org

PLEASE NOTE: Indicate how you feel TODAY. It is important that you are honest about your current condition. Do Not exaggerate, over-report, hide, or under-report how you are feeling. Place a “✓” mark in the box that corresponds with the degree of severity (1 – 6, or “0” if Absent) for each symptom listed below.

Concussion Symptom Inventory (CSI)								
Player Name: _____								
Date of Injury: _____ Date of Exam: _____								
	Absent 0	Mild 1 2	moderate 3 4	severe 5 6	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								
Total:								
Other symptoms evident since injury?: 								

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)