



# Physical Therapy & Vestibular Rehabilitation

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## Post Concussion Symptom Scale

**Directions:** After reading each symptom, please circle the number that best describes the way you have been feeling today. A rating of 0 means you have not experienced this symptom today. A rating of 6 means you have experienced severe problems with this symptom today.

Name:								
Date Tested:								
Date of Last Known Concussion (s):								
SYMPTOM	None		Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6	
Nausea	0	1	2	3	4	5	6	
Vomiting	0	1	2	3	4	5	6	
Dizziness	0	1	2	3	4	5	6	
Balance Problems	0	1	2	3	4	5	6	
Fatigue	0	1	2	3	4	5	6	
Trouble Falling Asleep	0	1	2	3	4	5	6	
Sleeping More than Usual	0	1	2	3	4	5	6	
Sleeping Less than Usual	0	1	2	3	4	5	6	
Drowsiness	0	1	2	3	4	5	6	
Sensitivity to Light	0	1	2	3	4	5	6	
Sensitivity to Noise	0	1	2	3	4	5	6	
Irritability	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Nervousness	0	1	2	3	4	5	6	
Feeling More Emotional	0	1	2	3	4	5	6	
Numbness or Tingling	0	1	2	3	4	5	6	
Feeling Slowed Down	0	1	2	3	4	5	6	
Feeling Mentally "Foggy"	0	1	2	3	4	5	6	
Difficulty Concentrating	0	1	2	3	4	5	6	
Difficulty Remembering	0	1	2	3	4	5	6	
Visual Problems (Double Vision, blurring, etc)	0	1	2	3	4	5	6	
<b>HDN SCORE:</b>								
<b>GRAND TOTAL OF ALL SYMPTOMS:</b>								
<b>ITEMS:</b>	<b>/ 22</b>							