Student Brain Injury Symptom Monitoring

Student's Name: _____ Student's Grade: ___ Today's Date_____

Date of Injury: _____ **How many days absent/half day/left early:**

OBSERVED SIGNS (Answered by the adult monitor)	**Circle One**		**Comments**
Appears dazed or stunned	**Y**	**N**	
Is confused about events	**Y**	**N**	
Repeats questions	**Y**	**N**	
Answers questions slowly	**Y**	**N**	
Shows behavior or personality changes	**Y**	**N**	
Forgets class schedule or assignments	**Y**	**N**	

Describe any other changes in learning, participation, grades, motivation, or follow through:

STUDENT-REPORTED SIGNS: "Have you experienced any of these symptoms today or in the past day"?

PHYSICAL SYMPTOMS			
Headache or "pressure" in head (note frequency/duration)	**Y**	**N**	
Nausea or vomiting	**Y**	**N**	
Balance problems or dizziness	**Y**	**N**	
Fatigue or feeling tired	**Y**	**N**	
Blurry or double vision	**Y**	**N**	
Sensitivity to light	**Y**	**N**	
Sensitivity to noise	**Y**	**N**	
Numbness or tingling	**Y**	**N**	
Does not "feel right"	**Y**	**N**	
COGNITIVE SYMPTOMS			
Difficulty thinking clearly	**Y**	**N**	
Difficulty concentrating	**Y**	**N**	
Difficulty remembering	**Y**	**N**	
Feeling more slowed down than usual	**Y**	**N**	
Feeling sluggish, hazy, foggy, or groggy	**Y**	**N**	
EMOTIONAL SYMPTOMS	**Y**	**N**	
Feeling irritable/grouchy			
Feeling sad	**Y**	**N**	
More emotional than usual	**Y**	**N**	
Feeling nervous or anxious	**Y**	**N**	
Have your friendships changed since your injury?	**Y**	**N**	
Are you back to 100%? If no, what % are you?	**Y**	**N**	
For any answered yes, do they worsen with physical activity?	**Y**	**N**	

Total answered yes: ____

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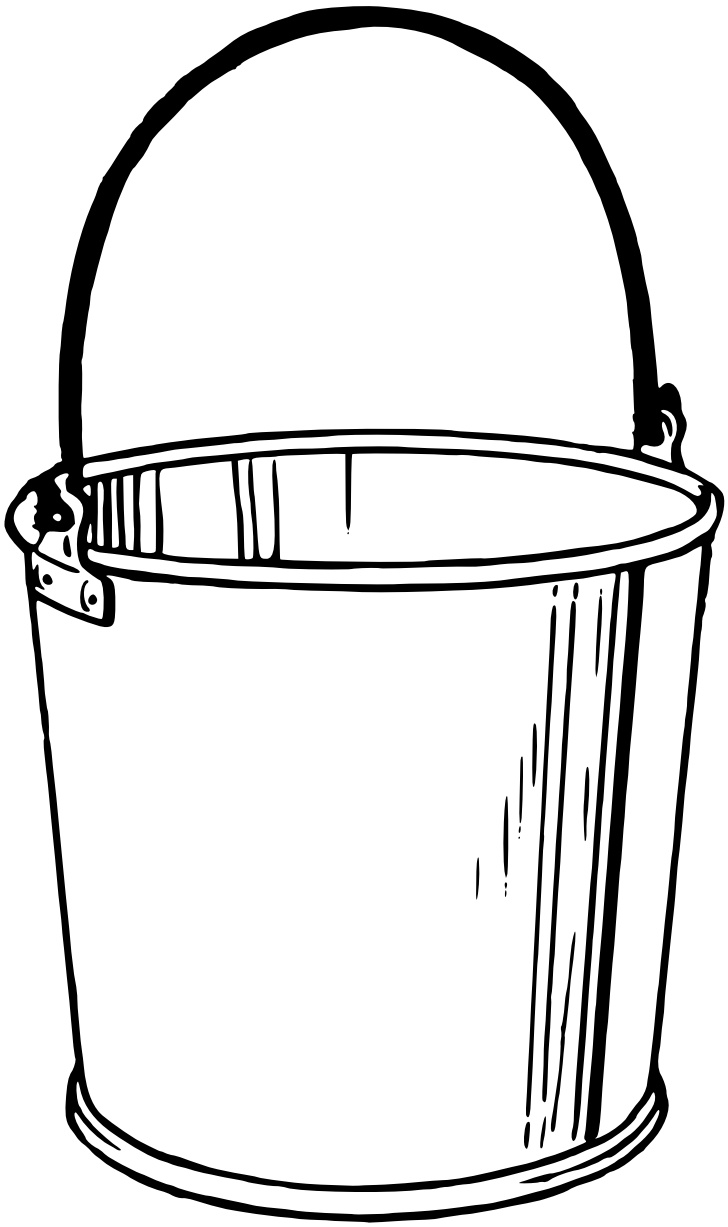
For students who cannot answer a percentage

A full bucket is you before your injury. Color in the bucket to show how much better or "back to normal you feel?" Follow-up with "what do you need to feel better?"



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