

Brain Injury or Post-concussion Syndrome Symptom Record

If you have a known brain injury or problems with your brain, what is the cause/diagnosis?

Do you have trouble with cognition? Y___ N ___ Mark all that apply.

Memory problems	Stuttering or stammering	Can't Focus
Difficulty concentrating	Difficulties doing simple math	Having to check and re-check what you do
Attention Difficulties	Impaired abstraction	Disoriented by slight changes in daily routine
Easily Distracted	Mental rigidity	Unsure about things that you know well
Misplacing things	Difficulty doing things	Difficulty learning new things
Difficulty making decisions	Difficulty starting things	Diminished insight
Difficulty solving problems	Difficulty handling work	Brain fog, groggy, hazy
Difficulty with instructions	Difficulty handling school	
Difficulty finding words	Difficulty handling daily activities	
Difficulty communicating		

Are you noticing changes in your emotions? Y___ N ___ Mark all that apply.

Impaired sense of self	Persistent anxiety	Worrisome thoughts
Fear of loss of control	Anxiousness	Mood swings
Easily agitated or irritated	Feelings of fear and dread	Having urges harm someone
Easily startled	Feelings of discouragement	Aggressiveness
Feelings of paranoia	Withdrawal or social isolation	Apathy
Spells of terror or panic	Feeling inept or worthless	Feel "not right"
Feelings of depression	Laughing inappropriately	
Feelings of shame or guilt	Crying more	

Since the onset of your brain problem, do you have trouble with these symptoms? Mark all that apply.

Heart pounding or racing	Decreased tolerance for alcohol and drugs	Double vision worse if fatigued
Rapid pulse	Appetite disturbances	Diminished night vision
Nausea	Trouble falling asleep	Altered consciousness
Vomiting	Awakening during the night	Slowed reaction time
Increased sensitivity to touch	Sleep that is restless or disturbed	Smelling odors that others do not smell
Ringling in ears	Sleeplessness	Hearing music that others do not hear
Easily fatigued	Twitching	Poor endurance
Numbness or tingling	Sensitivity to sound or noise	Balance problems
Weakness or loss of strength	Sensitivity to light	Dizziness
Feeling tense or keyed up	Seeing dark spots	
Restlessness, unable to sit still	Blurred vision worse if fatigued	

Do you have persistent Head pain or Headaches describe the pain? Y___ N ___ Mark all that apply.

Generalized (all over head)	Pressing	Worse with emotional excitement
Localized to the part that had been struck	Band-like	Better with rest better with quiet
Moves around	Variability	Better with pressure/weight on it
Aching	Worse with mental effort	Better with ice
Throbbing	Worse with physical effort	Better with heat
Pounding	physical effort	Better in dark quiet ro
Stabbing	Worse with stooping or bending	

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Do you notice that objects in the environment move momentarily, and looking upward or to the side may cause a sense of imbalance? **Y**___ **N**___ (labyrinth disorder)