

**EBS SPORTS HEALTH, LLC / PEORIA YOUTH HOCKEY ASSOCIATION
CONCUSSION MANAGEMENT AND SPORTS MEDICINE 2023-2024**

SCAT5 Concussion Baseline Questionnaire

This questionnaire is to be filled out by the athlete prior to taking the face-to-face test.

This information is valuable so that in the event of a concussion, the athlete can be assessed against their own baseline for a safer return to learn and sport.

This test is not the sole predictor of return-to-sport and is to be used as a tool for the healthcare professional to have to assist in the assessment process for a safe return.

This is not a diagnostic tool.

All information is held in strict confidentiality and will only be shared with the designated parties as stated on the HIPAA document attached.

Player Name: _____

Parent Name: _____

Parent Phone: _____

Email Address: _____

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

Current medications? If yes, please list: _____

STEP 1: ATHLETE BACKGROUND

1. Team / What school do you attend:
2. What grade are you in right now:
3. Age:
4. Gender: Male / Female / Wish not to answer this question
5. Dominant hand: Left / Neither / Right
6. How many diagnosed concussions has the athlete had in the past? _____
7. When was the most recent concussion? _____
8. How long was the recovery (time to being cleared to play) from the most recent concussion? _____

Has the athlete ever been:

1. Hospitalized for a head injury? Yes No
2. Diagnosed / treated for headache disorder or migraines? Yes No
3. Diagnosed with a learning disability / dyslexion? Yes No
4. Diagnosed with ADD / ADHD? Yes No
5. Diagnosed with depression, anxiety, or other psychiatric disorder? Yes No
6. Diagnosed with any hearing or ear issues? Yes No
7. Diagnosed with any neurological issues? Yes No
8. Diagnosed with any vision issues? Yes No

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels daily.

Scoring:

- 0 = no problems at all
- 1 or 2 = signs, symptoms or issues are minimal
- 3 or 4 = signs, symptoms or issues are intensified to the point where it is hard for normal activity
- 5 or 6 = signs, symptoms or issues are intensified to the point where it is hard to do your normal daily activities and you need to see a physician or go the emergency room for evaluation and treatment

Place your score on each line of the symptom listing:

Headache _____

Feeling like "in a fog" _____

"Pressure in head" _____

"Don't feel right" _____

Neck Pain _____

Difficulty concentrating _____

Nausea or vomiting _____

Difficulty remembering _____

Dizziness _____

Fatigue or low energy _____

Blurred vision _____

Confusion _____

Balance problems _____

Drowsiness _____

Sensitivity to light _____

More emotional _____

Sensitivity to noise _____

Irritability _____

Feeling slowed down _____

Sadness _____

Nervous or Anxious _____

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

Once completed, please bring this document to your face-to-face concussion baseline testing.

BJSM Online First, published on April 26, 2017, as 10.1136/bjsports-2017-097506SCAT5....

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals.

This baseline test measures cognition, immediate memory, concentration, neurological screening, balance and delayed recall.

Testing facilitated by EBS Sports Health, LLC – Certified Athletic Trainers

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