

# SPORTS activity

MEDICINE FROM PREVENTION TO WELLNESS

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Gender:  Male  Female

**How did your injury occur?**

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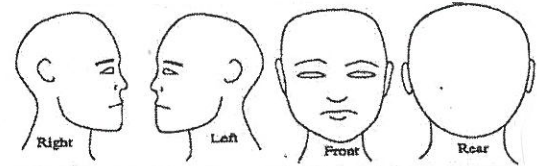


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The injury was a result of:

- a collision with another player
- a collision with the ground
- a collision with a piece of equipment (i.e. bat, ball, hockey stick)
- non-contact trauma (i.e. whiplash)

Was there an impact:  Yes  No  
 If so, please indicate where on the diagram.



**How do you feel currently?** Please circle a number for each of the symptoms listed below.

Current symptoms	None	Mild	Moderate	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/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
Blurred vision	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
Sleep pattern changes	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling "in fog"	0	1	2	3	4	5	6
Current symptoms	None	Mild	Moderate	Severe			
"don't feel right"/ not like yourself	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering/ forgetfulness	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
More emotional/ emotions Feel "closer to the surface"	0	1	2	3	4	5	6
Irritability/frustration	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6

**Do any of these symptoms get worse with physical activity?**

**Do any these symptoms get worse with mental activity, concentration, or thinking?**  Yes  No