

Players Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Date: \_\_\_\_\_

# Fontana Community Little League Graded Symptom Scale Checklist

Evaluate all signs and symptoms, ranking each on a scale of 0-6. **Establish baseline score prior to the start of the athletic season.** After a concussive injury, re-assess the athlete for each symptom. Add columns and compare to baseline score. Only consider return to activity if scores are comparable to baseline score. Continue testing every 2-3 days if symptoms do not resolve. Use with SAC and/or BESS to determine appropriate time for return to play.

	None		Moderate		Severe		
Score According to Severity	0	1	2	3	4	5	6

Symptom	Preseason Baseline	Time of Injury	24 Hours Post-Injury	Day 3 Post-Injury	Day 4 Post-Injury	Day 5 Post-Injury
Blurred Vision						
Dizziness						
Drowsiness						
Sleeping More than Usual						
Easily Distracted						
Fatigue						
Feeling "In a Fog"						
Feeling "Slowed Down"						
Headache						
Unusually Emotional						
Irritability						
Loss of Consciousness						
Loss of Orientation						
Memory Problems						
Nauseous						
Nervousness						
Personality Changes						
Poor Balance/Coordination						
Ringing in the Ears						
Sadness						
Seeing Stars						
Sensitivity to Light						
Sensitivity to Noise						
Sleep Disturbances						
Vacant Stares/Glassy Eyes						
Vomiting						
<b>TOTAL SYMPTOM SCORE:</b>						