Brain Health Symptom Inventory

Name:	Email:
Current Date:	Date of last injury:

Rating - Place an "X" the appropriate box for each of the 22 rows

- None: Rarely if ever present. Not a concern.
- 1-2 Mild: Occasionally present, but does really not disrupt activities. A little concern for me.
- 3-4 Moderate: Often present, disrupts activities, but still function. Can't do complicated tasks or activities. I am concerned.
- 5-6 Severe: Frequently to almost always present and disrupts activities. Cannot function without help. I'm very concerned.

		None		Mild		Moderate		Severe		
		0	Ŀ	1	2	3		4	5	6
1	Headaches									
2	Feeling dizzy, loss of balance, coordination problems		L			L				
3	Vision problems, blurring, trouble seeing									
4	Sensitivity to light									
5	Hearing difficulty, sensitivity to noise									
6	Ringing in the ears									
7	Change in taste and/or smell									
8	Not able to think clearly, feeling mentally "foggy"									
9	Problems with confusion, easily confused									
10	Feeling depressed or sad									
11	Emotional withdrawal									
12	Feeling anxious or tense, nervousness									
13	Irritability, easily annoyed, temper outbursts, hostility									
14	Feeling easily overwhelmed by things									
15	Feeling more emotional									
16	Fatigue, loss of energy, getting tired easily, drowsiness									
17	Difficulty concentrating, can't pay attention, easily distracted									
18 I	Difficulty remembering things, forgetfulness, memory concerns									
19	Difficulty making decisions									
20	Difficulty reading									
21	Insomnia; difficulty falling or staying asleep									
22	Libido issues/concerns with desire or functioning						1			
_	Count the Number of Times Answered in This Column:	0	\vdash			\vdash	$\overline{}$			
			\vdash	\dashv		\vdash	+		\vdash	
	Multiply by the Number in This Column:		\vdash	\dashv		<u> </u>	+		\vdash	+
	Total Score in This Column:	0					\perp			

TOTAL SCORE - ADDING ALL COLUMN TOTALS ABOVE:

Complete this form by checking a box for all 22 questions and follow the directions to reach a TOTAL SCORE

This form is informational only. It is not intended to diagnose or treat any condition or disease. If you have any concerns about your scores or your recovery following a concussion, TBI, or head injury, please contact your healthcare provider.