



# William Penn Charter School

## Concussion Graded Symptom Checklist

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

Please rate on a scale of 0-10 (0=none 10=severe)

Symptom	Incident	2-3hrs	24 hrs	48 hrs		
Headache						
Pressure in Head						
Nausea						
Dizziness						
Blurred Vision						
Sensitivity to Light						
Sensitivity to Noise						
Feeling Slowed Down						
Feeling in a Fog						
Difficulty Concentrating						
Difficulty Remembering						
Confusion						
Fatigue						
Sadness						
Nervousness						

