

Child's name: _____
Parent's name: _____
Parent's EMAIL: _____



Thank you for contacting Body Active, Inc. to provide your son or daughter's neurocognitive baseline test. This is a valuable first step in managing any concussions which *may* occur. In order to facilitate the baseline testing process, it is helpful to have the following information completed and readily available as you will be asked to help your child input this information before the actual test. ***Please complete this sheet and bring it with you to speed up the process.***

Page 1: Enter date of birth ____/____/____

Page 2: Enter Name, height _____, weight _____, gender, "handedness" (what hand do you write with)

Page 3: Address and email

Page 4: Native country, language, 2nd language? (*optional*)

Page 5: Ethnicity (*optional*)

Page 6: - Years of education completed, *excluding kindergarten* _____ (*your current grade in school, minus 1*)

- Check any that apply:

- ___ *received speech therapy*
- ___ *attended special education classes*
- ___ *repeated one or more years of school*
- ___ *diagnosed with a learning disability*
- ___ *diagnosed with attention deficit or hyperactivity*

- While in school, what type of student are you:

- ___ *Above average*
- ___ *Average*
- ___ *Below average*

Page 7: - Current sport: (What sport are you playing this season?) _____

Position/event/class: *What position do you play in that sport?* _____

- Level of participation: pull down "Junior high school"

- Years experience **at this level:** *how long have you played/competed at this level?* _____ years

Page 8: - Number of times diagnosed with a concussion: _____ (*if NO prior concussions, select "0" and click "Next"*)

___ Total # of concussions that resulted in loss of consciousness

___ Total # of concussions that resulted in confusion

___ Total # of concussions that resulted in difficulty remembering events AFTER the injury

___ Total # of concussions that resulted in difficulty remembering events BEFORE the injury

___ Total # of games missed as a result of all concussions combined

Page 9: - Please list the dates of your 5 most recent concussions, (*if any*)

(list the dates of any prior concussions to the best of your recollection. **Leave blank if NO concussions.**)

Page 10: - Indicate whether you have received the following (*circle "yes" OR "no"*):

- YES or NO Treatment for headaches by a physician
- YES or NO Treatment for migraine headaches by a physician
- YES or NO Treatment for epilepsy/seizure
- YES or NO Treatment for brain surgery
- YES or NO Treatment for meningitis
- YES or NO Treatment for substance/alcohol abuse
- YES or NO Treatment for psychiatric condition (depression/anxiety)

Page 11: Have you ever been diagnosed with the following:

YES or NO ADD/ADHD

YES or NO Dyslexia

YES or NO Autism

YES or NO Have you participated in strenuous exercise in the last 3 hours?

Page 12: - Date of last concussion (if any) _____/_____/_____

- Hours of sleep last night _____ hours

- Please list any medications you are currently taking _____

Pages 13: Symptoms

The 22 possible symptoms of a concussion are listed here. IF you are feeling a particular symptom **at present** (even if NOT related to a concussion), rate it on a scale of 1 (mildest)-6 (worst), or click "not experiencing this symptom"

The symptoms are:

Headache, nausea, vomiting, balance problems, dizziness, fatigue, difficulty falling asleep, sleeping too much, sleeping too little, drowsiness, sensitivity to light, sensitivity to noise, irritability, sadness, feeling nervous, feeling emotional, numbness/tingling, feeling too slow, mentally "foggy", difficulty concentrating, memory problems, visual problems.

After completing the symptom checklist, please **STOP** and wait for further directions.

This test is made up of 8 sections which will test memory, reaction time, mental processing speed, your ability to concentrate and remember certain information while the brain does some other task, etc.... The test is made up of these eight sections:

- **Word memory:** a list of words will flash on the screen one at a time. Remember these words as you will be asked to remember which words were shown
- **Design memory:** similar to word memory, except with random scribble designs
- **X's and O's:** You will be shown a screen with a bunch of X's and O's, but only 3 will be highlighted. Remember which 3 are highlighted as you will have to recall them in a minute after you do a reaction time test. For reaction time, you will be shown a blue square or a red circle. If you see the square, you will press the "Q" button, if you see the circle, you press the "P" button **as fast and accurately as you can.**
- **Color match:** you will see the word RED, or GREEN, or BLUE, but they may appear in one of those 3 colors. If the written word is the color of that word, **you click** the mouse. If it is in any other color, **DO NOT** CLICK the mouse; just let the word pass.
- **3 letter memory:** You will see 3 random letters; remember these letters as you will be asked to remember them after the next speed test. In this speed test, you will see the numbers 1 through 25 randomly scattered in a box. You must click on the numbers **IN REVERSE ORDER**, starting with 25. Click as many numbers as you can (accurately), and then remember the 3 letters when asked.
- **Shape matching.** You will be shown 10 shapes, each with a corresponding number below it. One shape at a time will flash on the bottom of the screen; you need to click on the number that corresponds to that shape. After a few trials, the shapes above the numbers disappear, so you have to remember which shape goes with each number.
- **Word memory, part 2 (delayed):** you will be asked about those same words that you saw in the beginning.
- **Design memory, part 2 (delayed):** you will be asked about those same designs that you saw in the beginning.

Please note that this is NOT an intelligence test, it is not pass/fail, and there is no perfect score, and you are not being compared to anyone else. It is simply measuring how **your** brain works in a healthy state in order to be compared to how your brain works after a concussion is experienced.

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"An Active Mind in an Active Body"