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ImPACT Worksheet

Demographic and Background Information

School/Organization: ____________________________ Date of Birth_____Month _____Date____Year

First Name: ______________________________ Last Name: ___________________________________

Height: _______ft _______in Weight: _________ Gender: _____ Male _____ Female

Handedness: _______ right _______ left _______ ambidextrous (both right and left)

Native Country / Region: ________________________________

Native Language: ______________________________________

Second Language: ______________________________________ (only if fluent in speaking and writing)

Ethnicity: ____ (Asian, Hispanic, etc.)

Years of education **completed** excluding kindergarten: __________ (e.g., high school senior is 11 years)
Check any of the following that apply:

_____ Received speech therapy

_____ Attended special education classes

_____ Repeated one or more years of school

_____ Diagnosed learning disability

_____ Diagnosed attention deficit disorder or hyperactivity

While in school, what type of student are/were you?

_____ Below Average

_____ Average

_____ Above Average

Current Sport: ____

Current position / event / class: __________________________________
(e.g., quarterback, forward, 1st base, etc.)

Current level of participation: ___________________________________
(e.g., junior high, high school)

Years of experience at this level: _______ (0 - 4)
(e.g., number of years in high school, high school senior = 3)

as of May 23, 2011

Demographic and Background Information (cont.)

Concussion History **(excluding current injury)**

_____ Number of times diagnosed with a concussion (**excluding current injury**)

_____ Total number of concussions resulting in a loss of consciousness (**excluding current injury**)

_____ Total number of concussions that resulted in confusion (**excluding current injury**)

_____ Total number of concussions that resulted in difficulty with memory for events that occurred immediately after injury (**excluding current injury**)

_____ Total number of concussions that resulted in difficulty with memory for events that occurred immediately before injury (**excluding current injury**)

_____ Total number a games that were missed as a direct result of all concussions combined (**excluding current injury**)

Please list your 5 most recent concussions: __________ month __________ year

__________ month __________ year

__________ month __________ year

__________ month __________ year

__________ month __________ year

Indicate if you have had any of the following:

_____ yes _____ no Treatment for headaches by physician

_____ yes _____ no Treatment for migraine headaches by physician

_____ yes _____ no Treatment for epilepsy/seizures

_____ yes _____ no Treatment for brain surgery

_____ yes _____ no Treatment for meningitis

_____ yes _____ no Treatment for substance abuse / alcohol abuse

_____ yes _____ no Treatment for psychiatric condition (depression, anxiety)

Have you been diagnosed with any of the following?

_____ yes _____ no ADD/ ADHD

_____ yes _____ no Dyslexia

_____ yes _____ no Autism

Have you participated in any strenuous exercise and/or exertion in the last 3 hrs?

_____ yes _____ no

Date of your recent concussion: __________ month _________ date _________ year

Number of hours slept last night: __________ (approximate if uncertain)

Please list any **PRESCRIPTION** medication(s) you are currently taking:

____

____