1. Was concussion educational training/awareness done?

Yes, specify type of education

No

If yes, date initiated:

1. Was there physical rest?

Yes, indicate duration

No

If yes, date initiated:

**Note**: See Return to Play CRF for additional questions.

1. Cognitive Rest

Yes, indicate duration

No

If yes, date initiated:*­­­­­­­­­­­­­­­­*

**Note**: See Return to Play CRF for additional questions.

1. Concurrent injury treatment

Yes, specify type of treatment and length of time (minutes)

No

If yes, date initiated:

1. Work Accommodation

Yes, indicate duration

No

Type of Accommodation:

If yes, date initiated:

1. Academic Accommodation(s)

Yes, indicate duration (days)

No

If yes, date initiated:

Type of Accommodation (s):

1. Cognitive Therapy

Yes, indicate number of sessions

No

If yes, date initiated:

1. Behavioral Therapy/Management

Yes,

No

If yes, date initiated:

1. Emotional/Psychological therapies/Psychotherapy

Yes, indicate number of sessions

No

If yes, date initiated:

1. Vestibular/Oculomotor Therapies

Yes, specify type of treatment

No

If yes, date initiated:

1. Vision Therapy/Neuro-Optometry

Yes

No

If yes, date initiated:

1. Pharmacological Therapies

Yes, specify type of treatment

No

If yes, date initiated:

*23.* Exertion Therapy

Yes

No

If yes, date initiated:

24. Medications: Rx

Yes

No

If yes, date initiated:

25. Medications: OTC

Yes

No

If yes, date initiated:

### Specific Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*