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| CONCUSSION HISTORY | | | | | | | | | |
|  | Mechanism | The concussion was diagnosed or undiagnosed | Approximate date of injury (mm/yyyy) | Age at time of injury | Did you lose consciousness (i.e. knocked out/blacked out)? | How long were you unconsciousness (seconds)? | Did/do you have difficulty remembering things before or after the injury? | How many minutes do you not remember (min) | How many days did you experience symptoms related to the injury? |
| Injury #1 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |
| Injury #2 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |
| Injury #3 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |

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| Injury #4 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |
| Injury #5 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |
| Injury #6 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |
| Injury #7 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |

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| Injury #8 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |
| Injury #9 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |
| Injury #10 | ☐ Blow to head or neck  ☐ Motor vehicle crash -  pedestrian/ bicyclist  ☐ Motor vehicle crash  occupant  ☐ Sport / recreation  ☐ Fall  ☐ Fight or being hit  ☐ Explosion / Blast  ☐ Other | ☐ Diagnosed  ☐ Undiagnosed | \_\_\_\_\_/\_\_\_\_\_\_ |  | ☐Yes ☐No | \_\_\_\_\_\_\_\_\_\_(sec)  ☐ Unknown | ☐Yes ☐No | \_\_\_\_\_\_\_\_(min)  ☐ Unknown | \_\_\_\_\_\_\_\_\_(days)  ☐ Unknown |

\*\* Additional Injury lines can be added as needed

**Mechanism Prompts:**

*Blow to the head or neck:* Have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

*Car / vehicle accident:* Have you ever injured your head or neck in a car accident or from some other moving vehicle accident (e.g. motorcycle, ATV)?

*Sport / recreation:* Have you ever been hit in the head or fallen on your head while participating in an organized sport or recreational activity, including on the playground?

*Fall*: Have you ever injured from falling?

*Fight or being hit*: Have you ever injured your head or neck in a fight, from being hit by someone/something, or from being shaken violently?

*Explosion / Blast*: Have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.