PARTICIPANT PSYCHOLOGICAL HISTORY

1. Psychiatric Disorder Diagnosis:

[ ] Mood Disorder/Depression/Bipolar

[ ] Anxiety Disorder

[ ] Somatoform Disorder

[ ] PTSD

[ ] Alcohol Abuse

[ ] Drug Abuse

[ ] Personality Disorder

[ ] Psychotic Disorder/Schizophrenia

[ ] Other

[ ] Unknown

1. ADD/ADHD [ ] Yes [ ] No
	1. Are you currently prescribed ADHD medication? [ ] Yes [ ] No (See Medication CRF for more information)
2. Autism/Asperger's [ ] Yes [ ] No
3. OCD [ ] Yes [ ] No
4. Learning disorder (Does not include ADD/ADHD) (e.g., Dyslexia, Language Processing Disorder, Visual Perceptual/Visual Motor Deficit) [ ] Yes [ ] No
5. Substance abuse [ ] Yes [ ] No
6. Sleep disorder [ ] Yes [ ] No
	1. Typical Number of Hours of Sleep:
7. Eating disorder [ ] Yes [ ] No
8. Seizure Disorder [ ] Yes [ ] No

## General Instructions

Important note: None of the data elements on this CRF Module are considered Core (i.e., strongly recommended for all sports-related concussion clinical studies to collect). They are supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

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