# APPENDIX C

NOTE: The items highlighted were incorporated as supplementary academic performance measures for this study and are not part of Gioia et al's CLASS-3.

## Academic Performance – CLASS-3 Adapted – *Initial Study Visit*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| General (pre-injury) school performance (Select ALL grades that apply): | ☐A's | ☐B's | ☐C's | ☐D's | ☐E's/F's | | |
| Since your concussion, how concerned are you about this injury affecting your school learning and performance? Please select ONE: | ☐Not concerned<br>☐Mildly<br>☐Moderately<br>☐Very concerned | | | | | | |
| Have you returned to learning since your concussion? | ☐Yes | | | ☐No | | | |
| If yes, how many days was it before you could return to learn? | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 |
| How many missed class days have you had SINCE your injury? | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 |
| Have you returned to play since your concussion? | ☐Yes | | | ☐No | | | |
| If yes, how many days was it before you could return to play? | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 |
| What are your current grades (Select ALL grades that apply): | ☐A's | ☐B's | ☐C's | ☐D's | ☐E's/F's | | |

## Academic Performance – CLASS-3 Adapted – *Follow-up Study Visit*

| | |
|---|---|
| Who at your school is planning or implementing your concussion-related supports? (Select ALL who apply) | ☐School Nurse / Health Aide<br>☐Guidance Counselor<br>☐Principal / Asst. Principal<br>☐School Psychologist<br>☐Athletic Trainer<br>☐Homeroom Teacher<br>☐Special Education Teacher<br>☐Other Teacher<br>☐Coach<br>☐Other<br>☐No one (none of the above) |
| Since your last visit, how concerned are you about this injury affecting your school learning and performance? Please select ONE: | ☐Not concerned<br>☐Mildly<br>☐Moderately<br>☐Very concerned |
| Have your grades been affected (worsened) since your last visit? | ☐Yes ☐No |

Think about the past few days and tell us whether the following school problems are worse because of your concussion.

| | Not worse/Not a problem | A little worse | Somewhat worse | A lot worse |
|---|---|---|---|---|
| Difficulty taking notes | ☐ | ☐ | ☐ | ☐ |
| Difficulty understanding new material | ☐ | ☐ | ☐ | ☐ |
| In class, work taking longer | ☐ | ☐ | ☐ | ☐ |
| Homework taking longer | ☐ | ☐ | ☐ | ☐ |
| Difficulty studying for tests or quizzes | ☐ | ☐ | ☐ | ☐ |
| Trouble remembering what was studied | ☐ | ☐ | ☐ | ☐ |
| Trouble reading | ☐ | ☐ | ☐ | ☐ |
| Easily distracted during class work | ☐ | ☐ | ☐ | ☐ |
| Easily distracted during homework | ☐ | ☐ | ☐ | ☐ |

| | Not worse/Not a problem | A little worse | Somewhat worse | A lot worse |
|---|---|---|---|---|
| Headaches interfering with classwork | ☐ | ☐ | ☐ | ☐ |
| Headaches interfering with homework | ☐ | ☐ | ☐ | ☐ |
| Tiring easily during the school day | ☐ | ☐ | ☐ | ☐ |
| Tiring easily during homework | ☐ | ☐ | ☐ | ☐ |
| Easily bothered by lights/screens or noise | ☐ | ☐ | ☐ | ☐ |

What is currently stressful or overwhelming for you because of your concussion? Indicate your level of stress.

| | Not stressful | A little stressful | Moderately stressful | Very stressful |
|---|---|---|---|---|
| Missing time with friends and/or social activities | ☐ | ☐ | ☐ | ☐ |
| Not being allowed to play sports/recreation | ☐ | ☐ | ☐ | ☐ |
| Not having enough support from teachers | ☐ | ☐ | ☐ | ☐ |
| Not having enough support at home from parents/siblings | ☐ | ☐ | ☐ | ☐ |
| More stressed out/overwhelmed with the schoolwork piling up | ☐ | ☐ | ☐ | ☐ |
| Stressed out about your grades dropping | ☐ | ☐ | ☐ | ☐ |

Because of your concussion, have you been having any NEW or WORSENING trouble in any of the following classes?

| | No different | A little worse | Somewhat worse | A lot worse | Not taking |
|---|---|---|---|---|---|
| Math | ☐ | ☐ | ☐ | ☐ | ☐ |
| Reading/English/Language Arts | ☐ | ☐ | ☐ | ☐ | ☐ |
| Science | ☐ | ☐ | ☐ | ☐ | ☐ |
| History/Social Studies | ☐ | ☐ | ☐ | ☐ | ☐ |
| Foreign Language | ☐ | ☐ | ☐ | ☐ | ☐ |

Please check one column for each of the following supports to indicate which supports you need and/or are receiving ***because of your concussion*.**

| | Do you need it? | | | Do you have it? | | | |
|---|---|---|---|---|---|---|---|
| | No | Yes | I don't know | No | Yes, but not enough | Yes | I don't know |
| Shortened day | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Shorter classes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Rest breaks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Extra time to complete work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| No tests | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Modified tests (shorted length, more time, no screens, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Current work reduced or waived | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Makeup work reduced or waived | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Coordinated plan for makeup work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Have you returned to learning since your concussion? ☐Yes ☐No

If yes, how many days was it before you could return to learn? _____

How many missed class days have you had SINCE your injury? _____

Have you returned to play since your concussion? ☐Yes ☐No

If yes, how many days was it before you could return to play? _____

What are your current grades (Select ALL grades that apply): ☐A's ☐B's ☐C's ☐D's ☐E's/F's