

## Concussion History Questionnaire

- 1) Which of the sports on the provided list have you participated in competitively?
  - a. At what age did you start playing?
  - b. How long have you played the sport?
  - c. What is the highest level of play?
  - d. What position(s) did you play?
- 2) Have you ever received a medically diagnosed concussion in any of the previous mentioned sports? If yes, please answer the following questions about each specific concussion:
  - a. What sport were you playing?
  - b. At what level of play?
  - c. What position?
  - d. Who was the concussion confirmed by (doctor, team trainer, etc.)?
  - e. Was it considered a TBI (traumatic brain injury)?
  - f. Were there any skull fractures?
  - g. Were there any other head injuries?
  - h. Was medical imaging done?
  - i. What date did the concussion occur?
  - j. How old were you?
  - k. What symptoms were you experiencing (list of symptoms should be provided)?
    - i. How long did the symptoms last?
    - ii. How severe did you experience the symptoms?
- 3) Have you ever been in a car accident? If yes, please answer the following questions:
  - a. What was the date of the accident?
  - b. How old were you?
  - c. Did the airbag deploy?
  - d. Were you wearing your seatbelt?
  - e. What was the angle of impact (e.g. rear ended, roll over)?
  - f. Did you visit the hospital?
  - g. Was there a neck injury?

- h. Did you receive a concussion?
  - i. Who was it confirmed by?
  - j. Did you receive a TBI (traumatic brain injury)?
  - k. Were there any skull fractures?
  - l. Any other head injury not discussed?
  - m. Was medical imaging done?
  - n. What symptoms were you experiencing (list of symptoms should be provided)?
    - i. How long did the symptoms last?
    - ii. How severe did you experience the symptoms?
- 4) Have you ever been diagnosed with a concussion that has not yet been disclosed to us? If yes, please answer the following questions:
- a. What was the date of the incident?
  - b. How old were you?
  - c. Was there a neck injury?
  - d. Was there a TBI (traumatic brain injury)?
  - e. Was there a skull fracture?
  - f. Were there any other head injuries?
  - g. Was medical imaging done?
  - h. Who confirmed the concussion?
  - i. What symptoms were you experiencing (list of symptoms should be provided)?
    - i. How long did the symptoms last?
    - ii. How severe did you experience the symptoms?
- 5) Have you ever believed you had a concussion that was never medically confirmed (i.e. experiencing concussion-like symptoms after receiving a direct blow to the head)? If yes, please answer the following questions:
- a. What was the date of the incident?
  - b. How old were you?
  - c. Did you visit the hospital?
  - d. Was there a neck injury?
  - e. Was there a TBI (traumatic brain injury)?
  - f. Was there a skull fracture?

- g. Were there any other head injuries?
  - h. Was medical imaging done?
  - i. Who confirmed the concussion?
  - j. What symptoms were you experiencing (list of symptoms should be provided)?
    - i. How long did the symptoms last?
    - ii. How severe did you experience the symptoms?
- 6) Have you ever been hospitalized or had medical imaging done for a head injury that hasn't been disclosed to us yet? If yes, approximately how many times?
- 7) Have you ever had your "bell rung", or been "KO'd", or "laid out" that hasn't been disclosed to us yet? If yes, approximately how many times?
- 8) Have you ever left the field nauseous, dizzy, or with a headache? If yes, approximately how many times?
- 9) Are there any other events that resulted in an injury to the head or neck (e.g. blunt trauma, blast/explosion, falling fragments, falls, gunshot wound)? If yes, please explain.

## Concussion Symptom List

Some people notice symptoms right away while others notice when they return to their daily activities (i.e. work or school). Normally, symptoms last for several weeks and slowly get better over time. For some however, symptoms can be quite problematic and persistent. Although most people recover fully, how long this takes varies from person to person. Participants should indicate if any of the below symptoms were made worse by physical or mental activity.

Balance Problems	Fatigue/Low energy	Nervous or Anxious
Black eye(s)/ bruising on face	Felt off	Peer report of Loss of Consciousness
Blurred Vision	Headache	Pressure in head
Broken Jaw	Irritability	Sadness
Broken Nose	Memory loss after event	Seeing stars or lights
Confusion/Disorientation	Memory loss before event	Sensitivity to light
Difficulty Concentrating	More emotional than usual	Sensitivity to noise
Difficulty Remembering	Motor Incoordination	Tinnitus
Dizziness	Nausea or Vomiting	Trouble Falling Asleep
Drowsiness	Neck Pain	Whiplash/Stiff neck

### Symptom Severity Rating Scale

1	2	3	4	5
Minimal		Moderate		Very Severe