

Symptom Log Sheet

Child's name: _____ Date of injury: _____

This calendar was designed to help you and your child monitor concussion symptoms during the recovery process. Bring this with you to your doctor's office to share your progress.

Date:							
Location: Home/ school Half/ full day							
Cognitive activity and duration:							
Physical activity and duration:							
Symptoms:							
Method to reduce symptoms (eg: rest):							
Duration of symptoms:							

Symptoms of a concussion:

Physical

- Headache
- Nausea
- Fatigue
- Vomiting
- Dizziness
- Sensitivity to light
- Sensitivity to noise
- Numbness/ tingling
- Visual problems
- Balance problems

Cognitive (thinking)

- Feeling mentally foggy
- Problems concentrating
- Problems remembering
- Feeling slowed down

Emotional

- Irritability
- Sadness
- Feeling more emotional
- Nervousness

Sleep

- Drowsiness
- Sleeping more than usual
- Sleeping less than usual
- Trouble falling asleep