## Premature Birth: Yes No Unknown

## NICU (Neonatal Intensive Care Unit) at Birth: Yes No Unknown

## Other developmental Disorder Yes No

## (check all that apply) ADD HD LD Specify other developmental disorder

## Moderate/Severe Traumatic Brain Injury (This does NOT include concussions):

## Yes No If yes, specify:

## Vision Problems (other than need for glasses/contacts): Yes No

## Comment:

## Hearing Problems: Yes No

## Comment:

## Stroke: Yes No

## Comment:

## Major CV risk: HTN CAD/MI PVD

## Comment:

## Arthritis: Yes No

## Comment:

## Neurological Disorder: Yes No

## Comment:

## Diabetes: Yes No

## Comment:

## Confusion: Yes No

## Comment:

## Memory Difficulties: Yes No

## Comment:

## Meningitis: Yes No

## Comment:

## Balance Disorder: Yes No

## Comment:

## Headache (Non-Migraine): Yes No

## Comment:

## If yes, was your ability to work, study, or do what you wanted to do was limited?

## Yes No

## If Yes, did light bother you (more than when you don't have a headache)?

## Yes No

## If Yes, did you get nauseous or sick to your stomach?

## Yes No

## Have you had one or more headaches (unrelated to alcohol/substance use) in the past 3 months? ☐Yes ☐No

## Other medical problems: Yes No

## Comment:

## General Anesthesia: Yes No

## If yes, how many times?

## 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.*