## Number of days form completed from date of injury?

## Do busy environments cause you to feel foggy, dizzy, fatigued or overwhelmed?

## [ ] Yes [ ] No [ ] Unknown [ ] Not asked

## Severity (0-10):

1. Do you have blurred or fuzzy vision while reading or difficulty reading?

## [ ] Yes [ ] No [ ] Unknown [ ] Not asked

## Severity (0-10):

1. Do you feel more fatigued than normal at the end of the day?

## [ ] Yes [ ] No [ ] Unknown [ ] Not asked

## Severity (0-10):

1. Are you easily distracted?

## [ ] Yes [ ] No [ ] Unknown [ ] Not asked

## Severity (0-10):

1. Are you experiencing more stress than normal?

## [ ] Yes [ ] No [ ] Unknown [ ] Not asked

## Severity (0-10):

1. Do you have difficulty turning off your thoughts?

## [ ] Yes [ ] No [ ] Unknown [ ] Not asked

## Severity (0-10):

1. Have you experienced negative changes in mood or personality?

## [ ] Yes [ ] No [ ] Unknown [ ] Not asked

## Severity (0-10):

1. Are you often thinking about your symptoms?

## [ ] Yes [ ] No [ ] Unknown [ ] Not asked

## Severity (0-10):

## 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.*