PARTICIPANT PSYCHOLOGICAL HISTORY

1. Psychiatric Disorder Diagnosis:

Mood Disorder/Depression/Bipolar

Anxiety Disorder

Somatoform Disorder

PTSD

Alcohol Abuse

Drug Abuse

Personality Disorder

Psychotic Disorder/Schizophrenia

Other

Unknown

1. ADD/ADHD Yes No
   1. Are you currently prescribed ADHD medication? Yes No (See Medication CRF for more information)
2. Autism/Asperger's Yes No
3. OCD Yes No
4. Learning disorder (Does not include ADD/ADHD) (e.g., Dyslexia, Language Processing Disorder, Visual Perceptual/Visual Motor Deficit) Yes No
5. Substance abuse Yes No
6. Sleep disorder Yes No
   1. Typical Number of Hours of Sleep:
7. Eating disorder Yes No
8. Seizure Disorder Yes No

## 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.*