1. Was concussion educational training/awareness done?

[ ]  Yes, specify type of education

[ ]  No

If yes, date initiated:

1. Was there physical rest?

[ ]  Yes, indicate duration

[ ]  No

If yes, date initiated:

**Note**: See Return to Play CRF for additional questions.

1. Cognitive Rest

[ ]  Yes, indicate duration

[ ]  No

If yes, date initiated:*­­­­­­­­­­­­­­­­*

**Note**: See Return to Play CRF for additional questions.

1. Concurrent injury treatment

[ ]  Yes, specify type of treatment and length of time (minutes)

[ ]  No

If yes, date initiated:

1. Work Accommodation

[ ]  Yes, indicate duration

[ ]  No

Type of Accommodation:

If yes, date initiated:

1. Academic Accommodation(s)

[ ]  Yes, indicate duration (days)

[ ]  No

If yes, date initiated:

Type of Accommodation (s):

1. Cognitive Therapy

[ ]  Yes, indicate number of sessions

[ ]  No

If yes, date initiated:

1. Behavioral Therapy/Management

[ ]  Yes,

[ ]  No

If yes, date initiated:

1. Emotional/Psychological therapies/Psychotherapy

[ ]  Yes, indicate number of sessions

[ ]  No

If yes, date initiated:

1. Vestibular/Oculomotor Therapies

[ ]  Yes, specify type of treatment

[ ]  No

If yes, date initiated:

1. Vision Therapy/Neuro-Optometry

[ ]  Yes

[ ]  No

If yes, date initiated:

1. Pharmacological Therapies

[ ]  Yes, specify type of treatment

[ ]  No

If yes, date initiated:

*23.* Exertion Therapy

[ ]  Yes

[ ]  No

If yes, date initiated:

24. Medications: Rx

[ ]  Yes

[ ]  No

If yes, date initiated:

25. Medications: OTC

[ ]  Yes

[ ]  No

 If yes, date initiated:

### Specific Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*