

CHILD-SCAT3 For 5-12 year old

BACKGROUND

Name: _____ Date / time of injury: _____

Date of Assessment: _____ Sport / team / school: _____

Age: _____ Gender: __M__F

Current school year / grade: _____

Dominant hand: __Right__Left__ Neither

Mechanism of injury ("tell me what happened?"): _____

For Parent / caregiver to complete:

How many concussions has the child had in the past? _____

When was the most recent concussion? _____

How long was the recovery from the most recent concussion? _____

Has the child ever been hospitalized or had medical imaging done (CT or MRI) for a head injury? __Y__N

Has the child ever been diagnosed with headaches or migraines? __Y__N

Does the child have a learning disability, dyslexia, ADD/ADHD, seizure disorder? __Y__N

Has the child ever been diagnosed with depression, anxiety or other psychiatric disorder? __Y__N

Has anyone in the family ever been diagnosed with any of these problems? __Y__N

Is the child on any medications? if yes, please list: __Y__N

SYMPTOM EVALUATION - the child is to complete the Child Report, according to how he / she feels today, and the parent/carer is to complete the Parent Report according to how the child has been over the previous 24 hours. Symptoms should be compared to his/her normal state.

Child Report	Never	Rarely	Sometimes	Often
I have trouble paying attention	0	1	2	3
I get distracted easily	0	1	2	3
I have a hard time concentrating	0	1	2	3
I have problems remembering what people tell me	0	1	2	3
I have problems following directions	0	1	2	3
I daydream too much	0	1	2	3
I get confused	0	1	2	3
I forget things	0	1	2	3
I have problems finishing things	0	1	2	3
I have trouble figuring things out	0	1	2	3
it's hard for me to learn new things	0	1	2	3
I have headaches	0	1	2	3
I feel dizzy	0	1	2	3
I feel like the room is spinning	0	1	2	3
I feel like I'm going to faint	0	1	2	3
Things are blurry when I look at them	0	1	2	3
I see double	0	1	2	3
I feel sick to my stomach	0	1	2	3
I get tired a lot	0	1	2	3
I get tired easily	0	1	2	3

Parent Report: The child	Never	Rarely	Sometimes	Often
has trouble sustaining attention	0	1	2	3
is easily distracted	0	1	2	3
has difficulty concentrating	0	1	2	3
has problems remembering what he / she is told	0	1	2	3
has difficulty following directions	0	1	2	3
tends to daydream	0	1	2	3
gets confused	0	1	2	3
is forgetful	0	1	2	3
has difficulty completing tasks	0	1	2	3
has poor problem solving skills	0	1	2	3
has problems learning	0	1	2	3
has headaches	0	1	2	3
feels dizzy	0	1	2	3
has a feeling that the room is spinning	0	1	2	3
feels faint	0	1	2	3
has blurred vision	0	1	2	3
has double vision	0	1	2	3
experiences nausea	0	1	2	3
gets tired a lot	0	1	2	3
gets tired easily	0	1	2	3

Do the symptoms get worse with physical activity? __Y__N

Do the symptoms get worse with mental activity? __Y__N

Overall rating for parent / teacher / coach / carer to answer.

How different is the child acting compared to his / her usual self? Please circle one response:

no different very different unsure N/A