Tool 5.14: Post-concussion Symptom Inventory for Children aged 8-12

Post-Concussion Assessment 1 2 3 4 5 6

Post-Concussion Symptom Inventory for Children (PCSI-C)

Version 8 to 12

Name:______________________ Today's date:_______ Birthdate:______ Age____ Grade:_____

Instructions: We would like to know if you have had any of these symptoms before your injury. Next, we would like to know if these symptoms have changed after your injury. Please rate the symptom at two points in time- Before the Injury/Pre-Injury and Current Symptoms/Yesterday and Today.

Please answer all the items the best that you can. Do not skip any items. Circle the number to tell us how much of a problem this symptom has been for you.

	0 = No 1 = A little 2 = A lot	Before the Injury/Pre-Injury			Current Symptoms/ Yesterday and Today		
1	Have you had headaches? Has your head hurt?	0	1	2	0	1	2
2	Have you felt sick to your stomach or nauseous?	0	1	2	0	1	2
3	Have you had any balance problems or have you felt like you might fall when you walk, run or stand?	0	1	2	0	1	2
4	Have you felt dizzy? (like things around you were spinning or moving)	0	1	2	0	1	2
5	Have you felt more tired than usual?	0	1	2	0	1	2
6	Have you felt more drowsy or sleepy than usual?	0	1	2	0	1	2
7	Have bright lights bothered you more than usual? (like when you were in the sunlight, when you looked at lights, or watched TV)	0	1	2	0	1	2
8	Have loud noises bothered you more than usual? (like when people were talking, when you heard sounds, watched TV, or listened to loud music)	0	1	2	0	1	2
9	Have you felt grumpy or irritable? (like you were in a bad mood)	0	1	2	0	1	2
10	Have you felt sad?	0	1	2	0	1	2
11	Have you felt nervous or worried?	0	1	2	0	1	2
12	Have you felt like you are moving more slowly?	0	1	2	0	1	2
13	Have you felt like you are thinking more slowly?	0	1	2	0	1	2
14	Has it been hard to think clearly?	0	1	2	0	1	2
15	Has it been hard for you to pay attention to what you are doing? (like homework or chores, listening to someone, or playing a game)	0	1	2	0	1	2
16	Has it been hard for you to remember things? (like things you heard or saw, or places you have gone)	0	1	2	0	1	2
17	Have things looked blurry?	0	1	2	0	1	2
18	Do you feel "different" than usual?				0	1	2