

DCPS Sports Medicine Modified SCAT 5 Baseline Form

Background Information

Name: _____ Date: _____

Examiner: _____ Sport: _____

Age: _____ Gender: _____ Male _____ Female

Years of education completed: _____

Dominant hand: _____ Right _____ Left _____ Neither

How many concussions do you think you have had in the past? _____

When was the most recent concussion? _____

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

Have you ever been hospitalized or had medical imaging done for a head injury? Y N

Have you ever been diagnosed with headaches or migraines? Y N

Do you have a learning disability, dyslexia, ADD / ADHD? Y N

Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? Y N

Has anyone in your family ever been diagnosed with any of these problems? Y N

Are you on any medications? Y N

If yes, please list:

Symptom Evaluation: How do you feel?

"You should score yourself on the following symptoms, based on how you feel now"

	None	Mild	Moderate	Severe
Headache	0	1 2	3 4	5 6
"Pressure in head"	0	1 2	3 4	5 6
Neck Pain	0	1 2	3 4	5 6
Nausea or vomiting	0	1 2	3 4	5 6
Dizziness	0	1 2	3 4	5 6
Blurred vision	0	1 2	3 4	5 6
Balance problems	0	1 2	3 4	5 6
Sensitivity to light	0	1 2	3 4	5 6
Sensitivity to noise	0	1 2	3 4	5 6
Feeling slowed down	0	1 2	3 4	5 6
Feeling like "in a fog"	0	1 2	3 4	5 6
"Don't feel right"	0	1 2	3 4	5 6
Difficulty concentrating	0	1 2	3 4	5 6
Difficulty remembering	0	1 2	3 4	5 6
Fatigue or low energy	0	1 2	3 4	5 6
Confusion	0	1 2	3 4	5 6
Drowsiness	0	1 2	3 4	5 6
Trouble falling asleep	0	1 2	3 4	5 6
More emotional	0	1 2	3 4	5 6
Irritability	0	1 2	3 4	5 6
Sadness	0	1 2	3 4	5 6
Nervous or Anxious	0	1 2	3 4	5 6

Total number of symptoms (Maximum possible 22) _____

Symptom severity score (Maximum possible 132) _____

Do the symptoms get worse with physical activity? Y N

Do the symptoms get worse with mental activity? Y N

Self-rated _____ Self-rated and clinician monitored _____

Clinician interview _____ Self-rated with parent input _____

Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his / her usual self? Please circle one response: No different Very different Unsure N/A

Cognitive Assessment

Standardized Assessment of Concussion (SAC)

Orientation (1 point for each correct answer)

What month is it? _____ 0 1

What is the date today? _____ 0 1

What is the day of the week? _____ 0 1

What year is it? _____ 0 1

What time is it right now? (within 1 hour) _____ 0 1

Orientation score _____ of 5

Immediate memory

List	Trial 1	Trial 2	Trial 3	Alternative word list	
elbow	0 1	0 1	0 1	candle	baby
apple	0 1	0 1	0 1	paper	monkey
carpet	0 1	0 1	0 1	sugar	perfume
saddle	0 1	0 1	0 1	sandwich	sunset
bubble	0 1	0 1	0 1	wagon	iron

Total Immediate memory score total _____ of 15

Concentration: Digits Backward

List	Trial 1	Alternative digit list			
4-9-3	0 1	6-2-9	5-2-6	4-1-5	
3-8-1-4	0 1	3-2-7-9	1-7-9-5	4-9-6-8	
6-2-9-7-1	0 1	1-5-2-8-6	3-8-5-2-7	6-1-8-4-3	
7-1-8-4-6-2	0 1	5-3-9-1-4-8	8-3-1-9-6-4	7-2-4-8-5-6	

Total _____ of 4

Concentration: Month in Reverse Order

(1 pt. for entire sequence correct)

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 1

Concentration score _____ of 5

Neck Exam

ROM: _____ Normal _____ Abnormal

Tenderness: _____ Normal _____ Abnormal

Limb Sensation and Strength: _____ Normal _____ Abnormal

Balance Examination (Modified BESS)

Footwear (shoes, barefoot, braces, tape, etc.) _____

Which foot was tested (i.e. which is the **non-dominant** foot)

_____ Right _____ Left

Testing surface (hard floor, field, etc.) _____

Condition

Double leg stance: _____ **Errors**

Single leg stance (non-dominant foot): _____ **Errors**

Tandem stance (non-dominant foot at back): _____ **Errors**

Coordination Exam

Upper Limb Coordination

Which arm was tested: _____ Right _____ Left

Coordination score 0 1

SAC Delayed Recall

Delayed recall score _____ of 5

Scoring Summary:

Number of Symptoms _____ of 22

Symptom Severity Score _____ of 132

Orientation _____ of 5

Immediate Memory _____ of 15

Concentration _____ of 5

Delayed Recall _____ of 5

SAC Total

BESS (total errors) _____ of 30

Coordination _____ of 1