Tool 5.13: Post-concussion Symptom Inventory for Children aged 5-7 Guidelines for Diagnosing and Managing Pediatric Concussion

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Post-Concussion Assessment 1 2 3 4 5 6

Post-Concussion Symptom Inventory for Children (PCSI-C) Version 5-7 Years Pre and Post-Injury (Interview Form)

Cleaner	Today's date
Birlhdde	AgeGrade

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.

I am going to ask you to tell me about your symptom at two points in time - Before the Injury and Yesterday / Today. Interviewer: Please circle only one answer.

	0 = No 1 = A little 2 = A let	Before the hjury/ Pre-hjury			S	Current Symptoms /Yesterday and Today			
1	Have you had headaches? Has your head hurt?	0	1	2	0		1	2	
2	Have you felt slokto your stomach or like you ware going to throwup?	0	1	2	0		1	2	
3	Have you felt like you might fall when you welk, run or stand?	0	1	2	0		1	2	
4	Kave 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 bright lights bothered you more than usual? (like when you were in the sunlight, when you looked at lights, or wetched TV)	0	î	2	0		1	2	
7	Kave loud noises bothered you <u>more than usual?</u> (like when people were talking, when you heard sounds, watched TV, or listened to loud music)	0	1	2	0		1	2	
8	Have you felt grumpy? (like you were in a bad mood)	0	1	2	0		1	2	
9	Have you felt sad?	0	1	2	0		1.	2	
10	Have you felt nervous or worried?	0	1	2	0		1	2	
11	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	
12	Has it been hardfor you to remember things? (like things you heard or saw or places you have gone)	0	1	2	0		1	2	
13	Have things looked fuzzy or blurry?	0	1	2	0		1	2	
14	Do you feet "different" (ban usual)?				0		1	2	

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