

Post-Concussion Symptom Inventory
Ages 13-18 (PCSI-SR13)
 Pre/Post Version

Patient Name: _____

Today's date: _____

Birthdate: _____

Age: _____

Instructions: We would like to know if you 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 = Not a problem 3 = Moderate problem 6 = Severe problem

		Before the Injury/ Pre-Injury		Current Symptoms/ Yesterday and Today
1	Headache	0 1 2 3 4 5 6		0 1 2 3 4 5 6
2	Nausea	0 1 2 3 4 5 6		0 1 2 3 4 5 6
3	Balance problems	0 1 2 3 4 5 6		0 1 2 3 4 5 6
4	Dizziness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
5	Visual problems (double vision, blurring)	0 1 2 3 4 5 6		0 1 2 3 4 5 6
6	Move in a clumsy manner	0 1 2 3 4 5 6		0 1 2 3 4 5 6
7	Sensitivity to light	0 1 2 3 4 5 6		0 1 2 3 4 5 6
8	Sensitivity to noise	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Physical	Total Pre=		Total Post=
9	Irritability	0 1 2 3 4 5 6		0 1 2 3 4 5 6
10	Sadness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
11	Nervousness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
12	Feeling more emotional	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Emotional	Total Pre=		Total Post=
13	Feeling mentally "foggy"	0 1 2 3 4 5 6		0 1 2 3 4 5 6
14	Difficulty concentrating	0 1 2 3 4 5 6		0 1 2 3 4 5 6
15	Difficulty remembering	0 1 2 3 4 5 6		0 1 2 3 4 5 6
16	Get confused with directions or tasks	0 1 2 3 4 5 6		0 1 2 3 4 5 6
17	Answer questions more slowly than usual	0 1 2 3 4 5 6		0 1 2 3 4 5 6
18	Feeling slowed down	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Cognitive	Total Pre=		Total Post=
19	Fatigue	0 1 2 3 4 5 6		0 1 2 3 4 5 6
20	Drowsiness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
21	Sleep more than usual	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Sleep/ Fatigue	Total Pre=		Total Post=
22	In general, to what degree do you feel "differently" than before the injury (not feeling like yourself)?	No Difference 0 1 2 3 4 Major Difference <i>Circle your rating with "0" indicating "Normal" (No Difference) and "4" indicating "Very Different" (Major Difference)</i>		
PCSI Total Symptom Score		Pre (sum 4 domains) =		Post (sum 4 domains) =
[Office Use Only]		PCSI Total Adjusted Symptom Score (Post-Pre) =		

