

Symptom Score Sheet						Name:	
Please use the following scale to rate each symptom.						DOB: / /	
None	Mild		Moderate		Severe		Date: / /
0	1	2	3	4	5	6	
Symptoms						Before	After
Headache							
Nausea							
Vomiting							
Balance Problems							
Dizziness							
Lightheadedness							
Fatigue/Drowsiness							
Trouble falling asleep							
Sleeping more than usual							
Sleeping less than usual							
Sensitivity to light							
Sensitivity to noise							
Irritability							
Numbness or tingling							
Difficulty concentrating							
Difficulty remembering							
Total							