



**Post-Concussion Symptom Inventory (PCSI)  
Self-Report Assessment Form  
Pre and Post-Injury Report  
Ages 13-18**



**Patient Name:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**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 Currently.

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**

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