



**ImPACT Worksheet**

**Demographic and Background Information**

School/Organization: \_\_\_\_\_ Date of Birth \_\_\_\_ Month \_\_\_\_ Date \_\_\_\_ Year

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Handedness: \_\_\_\_ right \_\_\_\_ left \_\_\_\_ ambidextrous (both right and left)

Native Country / Region: \_\_\_\_\_

Native Language: \_\_\_\_\_

Second Language: \_\_\_\_\_ (only if fluent in speaking and writing)

Ethnicity: \_\_\_\_\_ (Asian, Hispanic, etc.)

Years of education **completed** excluding kindergarten: \_\_\_\_\_ (e.g., high school senior is 11 years)

Check any of the following that apply:

- \_\_\_\_\_ Received speech therapy
- \_\_\_\_\_ Attended special education classes
- \_\_\_\_\_ Repeated one or more years of school
- \_\_\_\_\_ Diagnosed learning disability
- \_\_\_\_\_ Diagnosed attention deficit disorder or hyperactivity

While in school, what type of student are/were you?

- \_\_\_\_\_ Below Average
- \_\_\_\_\_ Average
- \_\_\_\_\_ Above Average

Current Sport: \_\_\_\_\_

Current position / event / class: \_\_\_\_\_  
(e.g., quarterback, forward, 1st base, etc.)

Current level of participation: \_\_\_\_\_  
(e.g., junior high, high school)

Years of experience at this level: \_\_\_\_\_ (0 - 4)  
(e.g., number of years in high school, high school senior = 3)



**Demographic and Background Information (cont.)**

**Concussion History (excluding current injury)**

- \_\_\_\_\_ Number of times diagnosed with a concussion (**excluding current injury**)
- \_\_\_\_\_ Total number of concussions resulting in a loss of consciousness (**excluding current injury**)
- \_\_\_\_\_ Total number of concussions that resulted in confusion (**excluding current injury**)
- \_\_\_\_\_ Total number of concussions that resulted in difficulty with memory for events that occurred immediately after injury (**excluding current injury**)
- \_\_\_\_\_ Total number of concussions that resulted in difficulty with memory for events that occurred immediately before injury (**excluding current injury**)
- \_\_\_\_\_ Total number a games that were missed as a direct result of all concussions combined (**excluding current injury**)

Please list your 5 most recent concussions: \_\_\_\_\_ month \_\_\_\_\_ year  
\_\_\_\_\_ month \_\_\_\_\_ year  
\_\_\_\_\_ month \_\_\_\_\_ year  
\_\_\_\_\_ month \_\_\_\_\_ year  
\_\_\_\_\_ month \_\_\_\_\_ year

Indicate if you have had any of the following:

- \_\_\_\_\_ yes \_\_\_\_\_ no Treatment for headaches by physician
- \_\_\_\_\_ yes \_\_\_\_\_ no Treatment for migraine headaches by physician
- \_\_\_\_\_ yes \_\_\_\_\_ no Treatment for epilepsy/seizures
- \_\_\_\_\_ yes \_\_\_\_\_ no Treatment for brain surgery
- \_\_\_\_\_ yes \_\_\_\_\_ no Treatment for meningitis
- \_\_\_\_\_ yes \_\_\_\_\_ no Treatment for substance abuse / alcohol abuse
- \_\_\_\_\_ yes \_\_\_\_\_ no Treatment for psychiatric condition (depression, anxiety)

Have you been diagnosed with any of the following?

- \_\_\_\_\_ yes \_\_\_\_\_ no ADD/ ADHD
- \_\_\_\_\_ yes \_\_\_\_\_ no Dyslexia
- \_\_\_\_\_ yes \_\_\_\_\_ no Autism

Have you participated in any strenuous exercise and/or exertion in the last 3 hrs?

\_\_\_\_\_ yes \_\_\_\_\_ no

Date of your recent concussion: \_\_\_\_\_ month \_\_\_\_\_ date \_\_\_\_\_ year

Number of hours slept last night: \_\_\_\_\_ (approximate if uncertain)

Please list any **PRESCRIPTION** medication(s) you are currently taking:

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