Post-Concussion Symptom Inventory for Children (PCSI-C)

Pre/Post Version 5 to 12

Name:_____ **Today's date:**_____ **Birthdate:**_____ **Age**_____ **Grade:**_____

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 lot	Before the Injury /Pre-Injury				Current Symptoms/ Yesterday and Today		
1	Have you had headaches? Has your head hurt?	0	1	2		0	1	2
2	Have you felt sick to your stomach or nauseous?	0	1	2		0	1	2
3	Have you felt dizzy? (like things around you were spinning or moving)	0	1	2		0	1	2
4	Have you felt grumpy or irritable? (like you were in a bad mood)	0	1	2		0	1	2
5	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
	Continue if age 8 or older							
6	Have you felt more drowsy or sleepy than usual?	0	1	2		0	1	2
7	Have bright lights bothered you more than usual? (like when you were in the sunlight, when you looked at lights, or watched TV)	0	1	2		0	1	2
8	Have loud noises bothered you more than usual? (like when people were talking, when you heard sounds, watched TV, or listened to loud music)	0	1	2		0	1	2
9	Have you had any balance problems or have you felt like you might fall when you walk, run or stand?	0	1	2		0	1	2
10	Have you felt sad?	0	1	2		0	1	2
11	Have you felt nervous or worried?	0	1	2		0	1	2
12	Have you felt like you are moving more slowly?	0	1	2		0	1	2
13	Have you felt like you are thinking more slowly?	0	1	2		0	1	2
14	Has it been hard to think clearly?	0	1	2		0	1	2
15	Have you felt more tired than usual?	0	1	2		0	1	2
16	Has it been hard for you to remember things? (like things you heard or saw, or places you have gone)	0	1	2		0	1	2
17	Have things looked blurry?	0	1	2		0	1	2

All Ages- Do you feel "different" than usual? (Circle one) 0=No 1=A little 2=A lot

PCSI Total Symptom Score	**Pre=**	**Post=**

Subscale scores (Age 8-12) Pre/Post	**Physical**	**Cognitive**	**Emotional**	**Fatigue**
	/	/	/	/

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