



Think**F**irst-Sport**S**mart Concussion Education and Awareness Program

ThinkFirst Concussion Questionnaire

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on behalf of the
ThinkFirst-SportSmart Concussion Education and Awareness Committee



*Members of the College of Family Physicians of Canada
may claim Mainpro-M2 credits for this unaccredited educational program.*

GENERAL HISTORY

1. How do you currently reside?	a) Alone b) With spouse/ relatives	c) Roommate (s) d) Other: _____
2. At what age did you start playing organized sports?		
3. How many of the following activities do you presently participate in? (<i>Circle your response - may circle more than one answer</i>)	a) Boxing b) Martial arts (judo/karate) c) Wrestling d) Football e) Ice hockey f) Basketball g) Rugby h) Soccer i) Equestrian j) Snowboarding k) Skiing	l) Inline skating m) Mountain biking n) Gymnastics o) Cheerleading p) Trampoline q) Diving r) Motorcycle or automobile racing s) Skydiving t) Mountain climbing u) Other sports: _____ ** Main sport currently is: _____
4. For those activities in which you are actively participating, please indicate those activities in which you usually wear a helmet or head protection? (<i>Circle your response - may circle more than one answer</i>)	a) Boxing b) Martial arts (judo/karate) c) Wrestling d) Football e) Ice hockey f) Basketball g) Rugby h) Soccer i) Equestrian j) Snowboarding k) Skiing	l) Inline skating m) Mountain biking n) Gymnastics o) Cheerleading p) Trampoline q) Diving r) Motorcycle or automobile racing s) Skydiving t) Mountain climbing u) Other sports: _____
5. For those activities in which you are actively participating, please indicate those activities in which you usually wear a mouthguard?	<u>List Activities</u>	
a) Which type of mouthguard do you usually wear while participating in sports? (<i>Circle your response - may circle only one answer</i>)	i) stock type (no molding to teeth needed before use) ii) boil and bite (molds to teeth after immersion in boiling water) iii) custom made type that covers front teeth mainly custom made type that covers all teeth including back teeth (molars)	

SYMPTOM HISTORY

Questions 6-15: Refer to symptoms from all sports and activities played in the **LAST FEW YEARS**

Note:
 A - "After being hit in the head playing sports" refers to **any** contact with your head; either from another player, yourself, the ground or another object (ex. goal posts, ball, puck, stick, etc.) that may have occurred while playing sports or during another athletic activity.

B - Duration of symptoms for the following questions can be listed in number of **seconds, minutes, hours, days, weeks, etc.**

6. In the past few years, after being hit in the head playing sports, did you ever suffer a concussion ?	YES _____	NO _____
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If YES:

a) List the number of times you had a concussion while playing sports in the past few years: _____

b) List the longest duration you experienced symptoms from a concussion in the past few years: _____

c) List the longest duration you were unable to play sports (had to "sit out") because of a concussion in the past few years: _____

d) Please indicate who usually told you that you were unable to play sports because of your concussions (ex. trainer, nurse, doctor, parent, decided yourself, etc.): _____

7. In the past few years, after being hit in the head playing sports, were you ever " knocked out " or knocked unconscious ?	YES _____	NO _____
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If YES:

a) List the number of times you were knocked unconscious in the past few years: _____

b) List the number of times that you experienced a concussion that included being knocked unconscious in the past few years: _____

c) List the longest duration you were knocked unconscious in the past few years: _____

d) List the longest duration you were unable to play sports (had to "sit out") after being knocked unconscious in the past few years: _____

8. In the past few years, after being hit in the head playing sports, did you ever feel confused for a period of time? This feeling is sometimes referred to as getting " dinged " or having your " bell rung ". You may have felt lightheaded, not remembered the play, not known where you were, etc.	YES _____	NO _____
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If YES:

a) List the number of times you were "dinged" in the past few years: _____

b) List the number of times that you experienced a concussion with confusion in the past few years: _____

c) List the longest duration you felt confused after being "dinged" in the past few years: _____

d) List the longest duration you were unable to play sports (had to "sit out") after being "dinged" in the past few years: _____

9. In the past few years, after being hit in the head playing sports, did you ever experience headaches ?	YES _____	NO _____
<p>If YES:</p> <p>a) List the number of times you experienced headaches after being hit in the past few years: _____</p> <p>b) List the number of times that you experienced a concussion with headaches after being hit in the past few years: _____</p> <p>c) List the longest duration you experienced headaches after being hit in the past few years: _____</p> <p>d) List the longest duration you were unable to play sports because of these headaches in the past few years: _____</p>		
10. In the past few years, after being hit in the head playing sports, did you ever experience dizziness or balance problems ?	YES _____	NO _____
<p>If YES:</p> <p>a) List the number of times you experienced dizziness or balance problems after being hit in the last few years: _____</p> <p>b) List the number of times that you experienced a concussion with dizziness after being hit in the last few years: _____</p> <p>c) List the longest duration you experienced dizziness after being hit in the last few years: _____</p> <p>d) List the longest duration you were unable to play sports because of dizziness after being hit in the last few years: _____</p>		
11. In the past few years, after being hit in the head playing sports, did you ever have memory difficulties (difficulty remembering things) after you were hit? This may have included not being able to remember the plays that were called, forgetting where you were, forgetting the score, etc.	YES _____	NO _____
<p>If YES:</p> <p>a) List the number of times you experienced memory difficulties after you were hit in the last few years: _____</p> <p>b) List the number of times that you experienced a concussion with memory difficulties after being hit in the last few years: _____</p> <p>c) List the longest duration you experienced memory difficulties after being hit in the last few years: _____</p> <p>d) List the longest duration you were unable to play sports because of memory difficulties after being hit in the last few years: _____</p>		

12. In the past few years, after being hit in the head playing sports, did you ever experience blurred or abnormal vision ? This may have included a feeling of having tunnel vision, having difficulty focusing on objects, seeing abnormal colours, etc.	YES _____	NO _____
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If **YES**, explain what kind of vision changes occurred:

- If **YES**:
- a) List the number of times you experienced blurred or abnormal vision after you were hit in the last few years:

 - b) List the number of times that you experienced a concussion with blurred or abnormal vision after being hit in the last few years: _____
 - c) List the longest duration you experienced blurred or abnormal vision after being hit in the last few years:

 - d) List the longest duration you were unable to play sports because of blurred or abnormal vision after being hit in the last few years: _____

13. In the past few years, after being hit in the head playing sports, did you ever experience nausea (feeling sick to your stomach or wanting to vomit)?	YES _____	NO _____
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- If **YES**:
- a) List the number of times you experienced nausea after being hit in the last few years: _____
 - b) List the number of times that you experienced a concussion with nausea after being hit in the last few years:

 - c) List the longest duration you experienced nausea after being hit in the last few years: _____
 - d) List the longest duration you were unable to play sports because of nausea after being hit in the last few years:

14. In the past few years, after being hit in the head playing sports, did you ever experience hearing problems (including ringing in the ears)?	YES _____	NO _____
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- If **YES**:
- a) List the number of times you experienced hearing problems after being hit in the last few years: _____
 - b) List the number of times that you experienced a concussion with hearing problems after being hit in the last few years: _____
 - c) List the longest duration you experienced hearing problems after being hit in the last few years: _____
 - d) List the longest duration you were unable to play sports because of hearing problems after being hit in the last few years: _____

15. Are there any other symptoms you experienced in the last few years after being hit in the head playing sports? These may have included inability to tolerate bright lights, irritability or emotional changes, slurred speech, etc.	YES _____	NO _____
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If **YES**, explain what kind of symptoms occurred:

- If **YES**:
- a) List the number of times you experienced these symptoms after being hit in the last few years: _____
 - b) List the number of times that you experienced a concussion with these symptoms after being hit in the last few years: _____
 - c) List the longest duration you experienced these symptoms after being hit in the last few years: _____
 - c) List the longest duration you were unable to play sports because of these symptoms after being hit in the last few years: _____

SYMPTOM HISTORY

Questions 16-19: Refer to your PAST EXPERIENCE (as far back as you can remember):

Note :
 Duration of symptoms for the following questions can be listed in number of **seconds, minutes, hours, days, weeks, etc.**

16. In your lifetime, after being hit in the head during sports or an athletic activity , have you ever been told that you have had a concussion ?	YES _____	NO _____
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- If **YES**:
- a) List how many times you had a concussion: _____
 - b) List the longest duration that you had symptoms from a concussion: _____
 - c) List the longest duration you were unable to participate in sports or activities because of a concussion:

 - d) Who *usually* told you that you had a concussion: (*Please check one*)
 Trainer _____ Nurse _____ Doctor _____ Parent _____ Yourself _____
 Other (explain) _____

17. In your lifetime, after being hit in the head during sports or an athletic activity , have you ever been “ knocked out ” or knocked unconscious ?	YES _____	NO _____
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- If **YES**,
- a) List how many times you were knocked out: _____
 - b) List the longest duration that you were knocked out: _____
 - c) List the longest duration you were unable to participate in sports because you were knocked out: _____

18. In your lifetime have you ever had any concussions that did not occur during sports or an athletic activity? These may have happened during an accident in the car or at home, after a fall, during an assault or a fight, etc.	YES _____	NO _____
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If **YES**, please explain how these occurred and how old you were:

If **YES**:

- a) List how many times you had a concussion: _____
- b) List the longest duration that you had symptoms from a concussion: _____
- c) List the longest duration you were unable to participate in sports or activities because of a concussion: _____
- d) Who *usually* told you that you had a concussion: (*Please check one*)
 Trainer _____ Nurse _____ Doctor _____ Parent _____ Yourself _____
 Other (explain) _____

19. In your lifetime, after being hit in the head that did not occur during sports or an athletic activity, have you ever been “ knocked out ” or knocked unconscious ? This may have occurred after being hit in the head during an accident in the car or at home, after a fall, during an assault or a fight, etc.	YES _____	NO _____
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If **YES**, please explain how often this occurred, how old you were, what happened, and how long your symptoms lasted.

If **YES**,

- a) List how many times you were knocked out: _____
- b) List the longest duration that you were knocked out: _____
- c) List the longest duration you were unable to participate in sports because you were knocked out: _____

20. Concussions may occur not only with a hit to the head but also a hit to the body (ex body check in hockey, “whiplash”). Did you ever experience any of the symptoms mentioned in this form after a hit to the body? If so, when and which symptoms?

Note - The contents of the questionnaire have been modified from the following documents:

Delaney, J.S., Lacroix, V.J., Leclerc, S., & Johnston, K.M. (2000). *Concussion During the 1997 Canadian Football League Season*. *Clinical Journal of Sport Medicine*; 10: 9-14.

Delaney, J.S., Lacroix, V.J., Leclerc, S., & Johnston, K.M. (2002). *Concussions Among University Football and Soccer Players*. *Clinical Journal of Sport Medicine*; 12 (6): 331-338.