

Post-Concussion Symptom Inventory

Parent - Ages 5 to 18 (PCSI-P)

Pre/Post Version

Student's Name: _____

Today's date: _____

Birthdate: _____

Age/ Grade: _____

Person Completing Form: _____

Relation: Mother ___ Father ___ Other ___

Instructions: We would like to know if your child had problems with these symptoms before their injury. Next, we would like to know if these symptoms have changed after the injury. Please rate the problem at two points in time- **Before the Injury/ Pre-Injury** and **Current Symptoms/ Yesterday and Today**.

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 your child.

0 = Not a problem 3 = Moderate problem 6 = Severe problem

		Before the Injury/ Pre-Injury		Current Symptoms/ Yesterday and Today
1	Complains of headaches	0 1 2 3 4 5 6		0 1 2 3 4 5 6
2	Complains of nausea	0 1 2 3 4 5 6		0 1 2 3 4 5 6
3	Has balance problems	0 1 2 3 4 5 6		0 1 2 3 4 5 6
4	Appears or complains of dizziness	0 1 2 3 4 5 6		0 1 2 3 4 5 6
5	Has or complains of visual problems (blurry, double vision)	0 1 2 3 4 5 6		0 1 2 3 4 5 6
6	Appears to move in a clumsy manner	0 1 2 3 4 5 6		0 1 2 3 4 5 6
7	Sensitivity to light	0 1 2 3 4 5 6		0 1 2 3 4 5 6
8	Sensitivity to noise	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Physical	Total Pre =		Total Post =
9	Acts irritable	0 1 2 3 4 5 6		0 1 2 3 4 5 6
10	Appears sad	0 1 2 3 4 5 6		0 1 2 3 4 5 6
11	Acts nervous	0 1 2 3 4 5 6		0 1 2 3 4 5 6
12	Acts more emotional	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Emotional	Total Pre =		Total Post =
13	Acts or appears mentally "foggy"	0 1 2 3 4 5 6		0 1 2 3 4 5 6
14	Has difficulty concentrating	0 1 2 3 4 5 6		0 1 2 3 4 5 6
15	Has difficulty remembering	0 1 2 3 4 5 6		0 1 2 3 4 5 6
16	Becomes confused with directions or tasks	0 1 2 3 4 5 6		0 1 2 3 4 5 6
17	Answers questions more slowly than usual	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Cognitive	Total Pre =		Total Post =
18	Appears more tired or fatigued	0 1 2 3 4 5 6		0 1 2 3 4 5 6
19	Appears drowsy	0 1 2 3 4 5 6		0 1 2 3 4 5 6
20	Sleeping more than usual	0 1 2 3 4 5 6		0 1 2 3 4 5 6
	[Office Use Only] Sleep/Fatigue	Total Pre =		Total Post =
21	In general, to what degree is your child acting "differently" than before the injury (not acting like himself or herself)?	No Difference 0 1 2 3 4 Major Difference <i>Circle your rating with "0" indicating "Normal" (No Difference) and "4" indicating "Very Different" (Major Difference)</i>		

PCSI Total Symptom Score

Pre (sum 4 domains) =

Post (sum 4 domains) =

[Office Use Only]

PCSI Total Adjusted Symptom Score (Post-Pre) =