

The Children's Clinic of Klamath
2580 Daggett Ave.
Klamath Falls, Oregon 97601
Phone 541-884-1224

Patient Name: _____ DOB: _____ Date of Assessment: _____

Today's Vitals: Ht: _____ Wt: _____ BMI%: _____

Standardized Assessment of Concussion (SAC)

This assessment is used to create a baseline before any brain injury occurs. If a concussion occurs in the future it will be used compare your brain health before and after the injury.

Please circle a number depending on the severity of each symptom.

0 = no problem, 3 = moderate, 6 = severe

1) Headache	0	1	2	3	4	5	6
2) "Pressure in head"	0	1	2	3	4	5	6
3) Neck pain	0	1	2	3	4	5	6
4) Nausea or vomiting	0	1	2	3	4	5	6
5) Dizziness	0	1	2	3	4	5	6
6) Blurred vision	0	1	2	3	4	5	6
7) Balance problems	0	1	2	3	4	5	6
8) Sensitivity to light	0	1	2	3	4	5	6
9) Sensitivity to noise	0	1	2	3	4	5	6
10) Feeling slowed down	0	1	2	3	4	5	6
11) Feeling like "in a fog"	0	1	2	3	4	5	6
12) "Don't feel right"	0	1	2	3	4	5	6
13) Difficulty concentrating	0	1	2	3	4	5	6
14) Difficult remembering	0	1	2	3	4	5	6
15) Fatigue or low energy	0	1	2	3	4	5	6
16) Confusion	0	1	2	3	4	5	6
17) Drowsiness	0	1	2	3	4	5	6
18) Trouble falling asleep	0	1	2	3	4	5	6
19) More emotional	0	1	2	3	4	5	6
20) Irritability	0	1	2	3	4	5	6
21) Sadness	0	1	2	3	4	5	6
22) Nervous or anxious	0	1	2	3	4	5	6

Total number of symptoms _____ (max 22)

Symptom severity score (add all scores in table) _____ (max 132)