

Demographic and Background Information

Test Language: _____

First Name: _____ Last Name: _____

Date of Birth: ____ Month ____ Date ____ Year

Gender: ____ Male ____ Female

Pointing Device: ____ Mouse ____ Trackpad ____ Unsure

Have you ever been diagnosed with attention deficit disorder or hyperactivity? ____ Yes ____ No

Have you ever been diagnosed with a learning disability? ____ Yes ____ No

Have you had a concussion in the last 6 months? ____ Yes ____ No

Native Country / Region: _____

Native Language: _____

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

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

While in school, what type of student were / are 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)

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Concussion History

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

Indicate whether you have been treated for the following:

- Yes No Headaches by physician
- Yes No Migraine headaches by physician
- Yes No Epilepsy / seizures
- Yes No Brain surgery
- Yes No Meningitis
- Yes No Substance abuse / alcohol abuse
- Yes No Psychiatric condition (depression, anxiety)

Have you been diagnosed with any of the following?

- Yes No Dyslexia
- Yes No Autism

Have you participated in any strenuous exercise and/or exertion in the last three hours? Yes No

Date of your last concussion: _____ month ____ date ____ year

Hours of sleep last night (approximate if uncertain): _____

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