

## CHILD-SCAT3 For 5-12 year old

### BACKGROUND

Name: \_\_\_\_\_ Date / time of injury: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Sport / team / school: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_M\_\_F

Current school year / grade: \_\_\_\_\_

Dominant hand: \_\_Right\_\_Left\_\_ Neither

Mechanism of injury ("tell me what happened?"): \_\_\_\_\_

#### For Parent / caregiver to complete:

How many concussions has the child had in the past? \_\_\_\_\_

When was the most recent concussion? \_\_\_\_\_

How long was the recovery from the most recent concussion? \_\_\_\_\_

Has the child ever been hospitalized or had medical imaging done (CT or MRI) for a head injury? \_\_Y\_\_N

Has the child ever been diagnosed with headaches or migraines? \_\_Y\_\_N

Does the child have a learning disability, dyslexia, ADD/ADHD, seizure disorder? \_\_Y\_\_N

Has the child ever been diagnosed with depression, anxiety or other psychiatric disorder? \_\_Y\_\_N

Has anyone in the family ever been diagnosed with any of these problems? \_\_Y\_\_N

Is the child on any medications? if yes, please list: \_\_Y\_\_N

**SYMPTOM EVALUATION** - the child is to complete the Child Report, according to how he / she feels today, and the parent/carer is to complete the Parent Report according to how the child has been over the previous 24 hours. Symptoms should be compared to his/her normal state.

Child Report	Never	Rarely	Sometimes	Often
I have trouble paying attention	0	1	2	3
I get distracted easily	0	1	2	3
I have a hard time concentrating	0	1	2	3
I have problems remembering what people tell me	0	1	2	3
I have problems following directions	0	1	2	3
I daydream too much	0	1	2	3
I get confused	0	1	2	3
I forget things	0	1	2	3
I have problems finishing things	0	1	2	3
I have trouble figuring things out	0	1	2	3
it's hard for me to learn new things	0	1	2	3
I have headaches	0	1	2	3
I feel dizzy	0	1	2	3
I feel like the room is spinning	0	1	2	3
I feel like I'm going to faint	0	1	2	3
Things are blurry when I look at them	0	1	2	3
I see double	0	1	2	3
I feel sick to my stomach	0	1	2	3
I get tired a lot	0	1	2	3
I get tired easily	0	1	2	3

<b>Parent Report: The child</b>	Never	Rarely	Sometimes	Often
has trouble sustaining attention	0	1	2	3
is easily distracted	0	1	2	3
has difficulty concentrating	0	1	2	3
has problems remembering what he / she is told	0	1	2	3
has difficulty following directions	0	1	2	3
tends to daydream	0	1	2	3
gets confused	0	1	2	3
is forgetful	0	1	2	3
has difficulty completing tasks	0	1	2	3
has poor problem solving skills	0	1	2	3
has problems learning	0	1	2	3
has headaches	0	1	2	3
feels dizzy	0	1	2	3
has a feeling that the room is spinning	0	1	2	3
feels faint	0	1	2	3
has blurred vision	0	1	2	3
has double vision	0	1	2	3
experiences nausea	0	1	2	3
gets tired a lot	0	1	2	3
gets tired easily	0	1	2	3

Do the symptoms get worse with physical activity? \_\_Y\_\_N

Do the symptoms get worse with mental activity? \_\_Y\_\_N

**Overall rating** for parent / teacher / coach / carer to answer.

How different is the child acting compared to his / her usual self? Please circle one response:

no different    very different    unsure    N/A