

HEADS UP – SPORTS CONCUSSION: Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until hours or days after the injury.

If an athlete reports **one or more** symptoms of concussion after a bump, blow or jolt to the head or body, he or she should be kept out of play the day of the injury and until a physician, experienced in evaluating for concussion, says he or she is symptom-free and it’s OK to return to play.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have at any point in their lives had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body he or she exhibits any of the following danger signs:

- One pupil is larger than the other (if not a normal state for the athlete)
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

Symptoms Observed by Coaching Staff	Symptoms Reported by Athletes
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

This information is provided by Providence Health & Services and our sports concussion specialists.

To make an appointment at Providence Saint Joseph Concussion Management Clinic, call 818-847-6048.
providence.org/saintjoseph



WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his or her brain needs time to heal. While an athlete's brain is still healing, he or she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself.

WHAT TO DO IF YOUR CHILD MAY HAVE A CONCUSSION

- 1. Seek medical attention right away.** A physician can determine if a concussion occurred, how serious it is and when it's safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a physician says it's OK, even if your child insists otherwise. Children who return to play too soon – while the brain is still healing – risk a greater chance of having a second concussion. Second or later concussions can be extremely serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion. The coach may not know about a previous concussion, and there could be serious health risks for your child.

This information is adapted from the Centers for Disease Control and Prevention's Heads Up concussion program. For detailed information on concussion and traumatic brain injury, visit www.cdc.gov/headsup.

PROVIDENCE IS COMMITTED TO HELPING YOUNG ATHLETES, THEIR FAMILIES AND THEIR COACHES PREVENT, RECOGNIZE AND TREAT CONCUSSIONS.

For more information on sports concussions or to make an appointment, call the Providence Saint Joseph Concussion Management Clinic in the Hycy and Howard Hill Neuroscience Institute.

818-847-6048

providence.org/saintjoseph

Dear Parent/Guardian,

In order to better manage concussions sustained by athletes in our community, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a concussion during competition, ImPACT is used to help determine the severity of injury and when the injury has fully healed.

ImPACT is a computerized test that measures and records your child's verbal and visual memory, processing speed and reaction time. It is not an IQ test or a test of intelligence. The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical for the brain.

The test will be used as an indication of your child's cognitive skills prior to a possible concussion (or brain injury). If an injury occurs, these results are used as a guideline for cognitive improvement during the recovery period. If a concussion is suspected, the athlete will be required to re-take the test to compare to their original baseline test. Both the preseason and post-injury test data is available in the ImPACT database for future reference. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete.

Again, the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to offer this testing to our community given that it provides us the best available information for managing concussions and ensuring safe return to play. Please complete the attached page with the appropriate signatures. In addition, please complete the pre-test worksheet. **Both forms must be completed and brought to the testing appointment or we will not be able to conduct the baseline testing.** If you have any further questions regarding this program please feel free to contact us at 818-847-4835.

Sincerely,

The Cusumano Outpatient Neuroscience Center

Providence Saint Joseph Medical Center
501 S. Buena Vista Street
Burbank, CA 91505

Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information and I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT testing program.

Name of Athlete _____

Sport _____

Signature of Athlete

Date

Signature of Parent

Date

Concussion Checklist: Sideline Management

Recognize
Remove
Refer

Please use this quick reference/checklist to help you and others determine whether a student athlete suffered a concussion:

1. Has the athlete received a blow to the head or body, or whiplash?
2. If **back or neck injury is suspected**, or if the athlete **loses consciousness**, call 911 immediately. Otherwise, move to the next set of steps – Recognize, Remove and Refer.
3. **RECOGNIZE:** Does the athlete report or demonstrate these signs or symptoms of a concussion?

Signs (observed by others)	Symptoms (reported by athlete)
Athlete appears dazed or stunned	Headache
Responds slowly to questions or commands	Nausea or vomiting
Moves clumsily	Double or blurry vision
Forgets events before the hit (ask about the score, last play, etc.)	Memory problems (can't tell you details about the game, such as score, etc.)
Has balance problems (can't stand on one leg with eyes closed for at least 30 seconds)	Concentration problems (can't repeat series of five digits in reverse order)
Is confused	Sluggish feeling
Forgets events after the hit	"Foggy" feeling
Loses consciousness (any length of time)	Sensitivity to light or noise
	Fatigue

4. **REMOVE** from activity. Athlete cannot return to play the same day of a suspected concussion.
5. Contact parents/guardians.
6. Document the incident with **Sideline Concussion Documentation** form.
7. Monitor the athlete during remainder of game/practice or until he or she is picked up by parents. Be aware of any red flags.

RED FLAGS – Call 911 immediately if at any time the athlete:

- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- One pupil is bigger than the other (if this is not the normal state of the athlete)

8. **REFER** the athlete for medical evaluation (physician): Athlete can only return to play with physician approval. Give parents the **Sideline Concussion Documentation** with attached physician release.

This information is provided by Providence Health & Services and our sports concussion specialists.

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providence.org/saintjoseph



Concussion: Graded Return-to-Participation Documentation

Athlete's name: _____ Date of birth: ____ / ____ / ____ Age/grade: ____ / ____

Date of injury: _____ Documentation completed by: _____

Graded Symptoms Checklist

Symptoms	Activity tried (e.g., reading, walking, jogging)										
		Date/Time:									
Headache											
Pressure in head											
Neck pain											
Nausea or vomiting											
Dizziness											
Blurred vision											
Balance problems											
Sensitivity to light											
Sensitivity to noise											
Feel slowed down											
Feel like "in a fog"											
Don't feel "right"											
▼ concentration											
▼ memory											
Fatigue/low energy											
Confusion											
Drowsiness											
Difficulty sleeping											
More emotional											
Irritability											
Sadness											
Nervous/anxious											

Comments:

This information is provided by Providence Health & Services and our sports concussion specialists.
providence.org/saintjoseph



Concussion: Return-to-Participation Medical Release: To be completed by a physician

Athlete's name: _____ Date of birth: ___ / ___ / ___ Age/grade: ___ / ___ Date of injury: _____

Dear Physician,

This athlete was evaluated and determined to have sustained a concussion on _____. Since that time, the athlete has been monitored for symptoms during academic and sports activities (see reverse side). Please evaluate the athlete and provide appropriate recommendations to be followed by athlete, coaches, teachers, parents, etc. Thank you for your time and assistance.

Additional information can be found at: www.cdc.gov/headsup/providers/

GRADUATED, STEP-WISE RETURN-TO-PARTICIPATION PROGRESSION

These steps should be completed as recommended by your medical team and may vary by athlete.

Baseline: No symptoms. The athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 48 hours.

Physician release must be obtained before progressing to step 1.

Step 1: Light aerobic activity. *The goal:* to increase an athlete's heart rate. *The time:* five to 10 minutes. *The activities:* exercise bike, walking or light jogging. Absolutely no weight lifting, jumping or hard running.

Before progressing to the next stage, the athlete must be healthy enough to return to school full time.

Step 2: Moderate activity. *The goal:* limited body and head movement. *The time:* reduced from typical routine. *The activities:* moderate jogging, brief running, moderate-intensity stationary biking and moderate-intensity weight lifting.

The athlete should spend a minimum of one day at steps 2-5. If symptoms recur, the athlete must stop the activity. The student must rest for a minimum of 24 hours and then resume activity one step below where he or she was when the symptoms occurred. **Graduated return applies to all activities, including academics, electronics, sports, riding bikes, physical education classes, chores, playing with friends, etc.**

Step 3: Heavy, non-contact activity. *The goal:* more intense but non-contact. *The time:* close to typical routine. *The activities:* running, high-intensity stationary biking, the player's regular weight-lifting routine and non-contact, sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

Step 4: Practice and full contact. *The goal:* reintegrate in full-contact practice.

Step 5: Competition. *The goal:* return to competition.

THIS SECTION TO BE COMPLETED BY PHYSICIAN

- This athlete **may NOT return** to any sports activity until medically cleared.
- Athlete should **remain home from school** to rest and recover until next follow up with physician on _____ (date).
- Please **allow classroom accommodations**, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.
Additional recommendations: _____
- Athlete **may begin graduated return at stage circled above.**
- Athlete **must return for clearance before proceeding to Step 4.**

Physician's signature: _____ Date: _____

Physician's name (print): _____ Phone: _____

To make an appointment at Providence Saint Joseph Concussion Management Clinic, call 818-847-6048.

Sideline Concussion Documentation: To be completed by coaching staff

Athlete's name: _____ Date of birth: ___ / ___ / ___ Age/grade: ___ / ___

OBSERVATIONS

Team: _____ Date: ___ / ___ / ___ Venue: _____ Current time: _____

Time of injury: _____ Documentation completed by: _____ Phone : _____

Coach Athletic trainer Parent Other: _____

If an athlete reports one or more symptoms of concussion after a bump, blow or jolt to the head or body, he or she should be kept out of play the day of the injury and until a physician, experienced in evaluating for concussion, says he or she is symptom-free and it's OK to return to play.

1. Danger signs: call 911 immediately

- | | |
|--|---|
| <input type="checkbox"/> Loses consciousness (even a brief loss of consciousness should be taken seriously).
Duration of loss of consciousness: _____ | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Is drowsy or cannot be awakened | <input type="checkbox"/> Convulsions or seizures |
| <input type="checkbox"/> A headache that not only does not diminish, but gets worse | <input type="checkbox"/> Cannot recognize people or places |
| <input type="checkbox"/> Weakness, numbness or decreased coordination | <input type="checkbox"/> Becomes increasingly confused, restless or agitated |
| <input type="checkbox"/> Repeated vomiting or nausea | <input type="checkbox"/> Has unusual behavior |
| | <input type="checkbox"/> One pupil is larger than the other (if not a normal state for the athlete) |

2. Injury description: Fall Hit head on other player Hit head on ground/object Struck by object

3. Location of impact: Front Back Right side Left side

4. Last memory before the impact: _____
(Duration of time between memory and impact: _____)

5. First memory after the impact: _____
(Duration of time between impact and memory: _____)

FUNCTION

- Oriented to: self location score opponent last play
- Does athlete stagger, sway, stumble or appear uncoordinated? Yes No
- Are athlete's eyes having difficulty tracking, and/or do pupils look unequal? Yes No
- Does athlete seem dazed or appear to be responding slowly or acting differently than usual? Yes No

MONITORING SYMPTOMS

Ask athlete to rate each symptom immediately after the injury, 15 minutes after, and 30 minutes after, using a scale of 0 to 3:

- ▶ 0 – none
- ▶ 1 – a little
- ▶ 2 – medium
- ▶ 3 – a lot

Enter the rating in each box for each symptom at the time intervals listed.

Symptom	Immediately	15 min after	30 min after
Headache			
Dizziness			
Vision changes			
Light sensitivity			
Noise sensitivity			
Neck pain			
Feeling distracted			
Fatigue			
Tingling/loss of movement			
Feeling foggy/cloudy/out of it			
Difficulty remembering			
Upset/emotional			

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providence.org/saintjoseph



Athlete's name: _____ Date of birth: ___ / ___ / ___ Age/grade: ___ / ___

Dear Physician,

This athlete has been referred to you due to a suspected concussion sustained during play. Please evaluate this athlete to determine if he or she has sustained a concussion, review the graduated, step-wise return-to-participation progression below, and make your medical recommendations. Thank you for your assistance.

Additional information can be found at: www.cdc.gov/headsup/providers

Have you determined that this athlete sustained a concussion?

No (skip to bottom of page and sign) Yes (next section)

GRADUATED, STEP-WISE RETURN-TO-PARTICIPATION PROGRESSION

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Step 4: Practice and full contact. *The goal:* reintegrate in full-contact practice.

Step 5: Competition. *The goal:* return to competition.

The athlete should spend a minimum of one day at steps 2-5. If symptoms recur, the athlete must stop the activity, rest for at least 24 hours and then resume activity one step **below** where he or she was. **A graduated return applies to all activities, including academics, electronics, sports, riding bikes, physical education classes, chores, playing with friends, etc.**

THIS SECTION TO BE COMPLETED BY PHYSICIAN

- This athlete **may NOT return** to any sport activity until medically cleared.
- Athlete should **remain home from school** to rest and recover until next follow-up with physician on _____ (date).
- Please **allow classroom accommodations**, such as extra time on tests, a quiet room to take tests and a reduced workload when possible. Additional recommendations: _____
- Athlete **may begin a graduated return at the stage circled above.**
- Athlete **must return for clearance before proceeding to Step 4.**

Physician's signature: _____ Date: _____

Physician's name (print): _____



Heads Up: Concussion Management Clinic at Providence Saint Joseph Medical Center

A concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head that can change the way the brain normally works. Concussions also can occur from a blow to the body that causes the head to move rapidly back and forth. Even what seems to be a mild bump or blow to the head – a “ding” or “getting your bell rung” – can be serious. Appropriate diagnosis, management and education are critical for helping young athletes with a traumatic brain injury recover quickly and fully.

Led by Michael M. Marvi, M.D., the Concussion Management Clinic at Providence Saint Joseph Medical Center is part of Cusumano Family Neuroscience Outpatient Center. The clinic provides:

- Staff that have specialized training, expertise and certification in evaluation, diagnosis and treatment of sports-related concussions.
- ImPACT testing, a neurocognitive test that has been scientifically validated to measure the effects of concussion. Testing can be done to establish a pre-season baseline that is used to compare with a post-injury test if a concussion is suspected.
- An individual treatment plan to ensure a safe return to play, which follows California law. The clinic is a credentialed ImPACT Consultant.

You can't see a concussion, and some athletes may not experience or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. But for some people, signs and symptoms of concussion can last for days, weeks or longer.

Call the Concussion Management Clinic today at 818-847-6048 to make an appointment for ImPACT testing or to learn more. ImPACT baseline testing is offered at no cost. Funding for this testing is provided through the generous support of foundation donors. Post-injury testing will be conducted during an office visit with Dr. Marvi.

**Concussion Management Clinic, a part of the
Hycy and Howard Hill Neuroscience Institute,
at Providence Saint Joseph Medical Center**

501 S. Buena Vista St.
Burbank, CA 91505

(Over, to learn about ImPACT testing)

What is ImPACT?

ImPACT is a 20-minute computerized neurocognitive test that has been scientifically validated to measure the effects of concussion. After an athlete receives a pre-season baseline test, his or her data is stored on a secure, HIPAA-compliant server. If a concussion is suspected, a follow-up test is administered to see if the results have changed from the baseline. This comparison helps to identify and manage the concussion.

Why use ImPACT?

ImPACT can help answer difficult questions about an athlete's readiness to return to play or return to school, protecting them from the potentially serious consequences of returning too soon. While traditional neurological and radiological procedures such as CT and MRI are helpful in identifying serious brain injuries such as skull fractures and hematomas, they are ineffective at identifying the functional effects of concussion. This is where ImPACT can help. ImPACT measures subtle changes in cognitive functioning that cannot be accurately measured by relying on an athlete to report symptoms.

What makes ImPACT different?

The ImPACT program was developed by a team of doctors who are world leaders in the field of concussion management. ImPACT has undergone rigorous independent scientific validation over a 15-year period. No other neurocognitive test has undergone this process. ImPACT has trained thousands of health care professionals over the last 15 years and ImPACT is utilized in more than a thousand clinics and hospitals throughout the United States and elsewhere.

Call the Concussion Management Clinic today at 818-847-6048 to make an appointment for ImPACT testing or to learn more.

OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

california.providence.org



Providence Health & Services, a not-for-profit health system, is an equal opportunity organization in the provision of health care services and employment opportunities.

This form must be completed and brought to the testing appointment or we will not be able to conduct the baseline testing. Thank you.

Date: _____

Preferred test language (please circle one or write in): English / Spanish / Other: _____

I. Demographic and Background Information

School/Club/Organization: _____

Name: _____ Date of birth ___/___/___

Phone Number: _____

Handedness: R or L or Both Gender: Male or Female

Native Language _____ Native Country _____

Check One:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

II. Education

a. Current Grade (please circle)

6th 7th 8th 9th 11th 12th
College FR SO JR SR

Check any of the following that apply:

- Received Speech Therapy
- Attended special education classes
- Repeated one or more years of school
- Diagnosed attention deficit disorder or hyperactivity
- Diagnosed learning disability

While in school, what type of student were/are you?

Please circle:

- Below Average**
- Average**
- Above Average**

Current Sport & Extracurricular Activities:

Sport/Activity: _____ Position/event/class: _____

Level of Participation: _____
(e.g.: high school, semi-pro, collegiate, pro)

Years of experience at this level: _____ (Approximate if needed, e.g. high school senior is 3 years)

Number of times diagnosed with a concussion: _____

- Total number of concussions that have resulted in loss of consciousness
- Total number of concussions that have resulted in confusion
- Total number of concussions that have resulted in difficulty with memory of events occurring immediately after injury.
- Total number of concussions that have resulted in difficulty with memory of events occurring immediately before injury
- Total number of games that were missed as a result of concussion

Please list your five most recent concussions if applicable: _____/_____/_____
_____/_____/_____/_____/_____

Indicate if you experience the following: (circle)

- Yes No Treatment for headaches by physician
- Yes No Treatment for migraine headaches by physician
- Yes No Treatment for epilepsy seizures
- Yes No History of brain surgery
- Yes No History of meningitis
- Yes No Treatment for substance/alcohol abuse
- Yes No Treatment for psychiatric condition (depression, anxiety, etc)

Have you ever been diagnosed with the following conditions?

- Yes No ADD/ADHD
- Yes No Dyslexia
- Yes No Autism

Current Symptoms and Conditions

Date of last concussion ____/____/____ (month/day/year)

Total hours of sleep last night _____ hours

Current Medications: _____

Please check the box below that indicates the degree to which you are CURRENTLY experiencing the following symptoms:

	No symptoms "0" ---Moderate "3"---Severe "6"
Headache	1-----2-----3-----4-----5-----6
Nausea	1-----2-----3-----4-----5-----6
Vomiting	1-----2-----3-----4-----5-----6
Balance Problems	1-----2-----3-----4-----5-----6
Dizziness	1-----2-----3-----4-----5-----6
Fatigue	1-----2-----3-----4-----5-----6
Trouble falling asleep	1-----2-----3-----4-----5-----6
Excessive sleep	1-----2-----3-----4-----5-----6
Loss of sleep	1-----2-----3-----4-----5-----6
Drowsiness	1-----2-----3-----4-----5-----6
Light sensitivity	1-----2-----3-----4-----5-----6
Noise sensitivity	1-----2-----3-----4-----5-----6
Irritability	1-----2-----3-----4-----5-----6
Sadness	1-----2-----3-----4-----5-----6
Nervousness	1-----2-----3-----4-----5-----6
More emotional	1-----2-----3-----4-----5-----6
Numbness	1-----2-----3-----4-----5-----6
Feeling "slow"	1-----2-----3-----4-----5-----6
Feeling "foggy"	1-----2-----3-----4-----5-----6
Difficulty concentrating	1-----2-----3-----4-----5-----6
Difficulty remembering	1-----2-----3-----4-----5-----6
Visual problems	1-----2-----3-----4-----5-----6