FCBR FEMALE CONCUSSION BASELINE RECORD

Name _____ Date _____ Age _____

CONCUSSIONS

Number

Number of previous concussions _____ Date of last concussion _____

Injury

Cause of last concussion: Sports _____ Car accident _____ Fall _____

Struck by/ran into something _____ Assault _____ Other (describe) _____

Previous

Causes(s) of previous concussions: Sports _____ Car accident _____ Fall _____

Struck by/ran into something _____ Assault _____ Other (describe) _____

PERIODS

Menarche

Age when your periods started _____ School grade _____

Current

Date: first day of last period _____ Cycles are regular Yes _____ No _____

Your Cycle

Monthly periods before concussion: 1 ___ 2 ___ More than 2 ___ Sometimes no period _____

Monthly periods after concussion: 1 ___ 2 ___ More than 2 ___ Sometimes no period _____

Lack of Periods

Missed period this month? Yes ____ No ____ Number of months without a period _____

Flow

How heavy is your flow? Heavy (bleeding more) _____ Light (bleeding less) _____ Other _____

Duration

How many days does your period usually last?

1 – 3 days _____ 4 - 7 days _____ More than one week _____ More than two weeks ____

Do you experience spotting between periods? Yes _____ No _____ Sometimes _____

Hormones

Are you taking any female hormones (estrogen, progesterone, oral contraceptives)?

Yes _____ No _____ If yes, describe: _____

ACTIVITIES

Team Sports

Soccer ___ Hockey ___ Cheerleading ___ Lacrosse ___ Softball ___ Track or X-Country ___

Basketball ___ Volleyball ___ Swim ___ Gymnastics ___ Other _____

Recreational

Running/jogging ___ Cycling ___ Swimming ___ Triathlon ___ Walking ___ Dance ___

Weight workouts ___ Fitness classes ___ Winter sports ___ Softball ___ Other _____

Frequency

How often: Daily _____ Several days per week _____ Variable _____

Amount of time spent in physical activity: Very active ___ Somewhat active ___ Not very active ___

Have you had to cut back on physical activity due to a concussion? Yes ____ No ____

SYMPTOMS

Concussion Symptoms

Symptom	Less				More	Symptoms During Periods	Overall
Headache	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
PMS	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Pain (overall)	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Neck issues	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Vertigo	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Dizziness	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Balance	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Vision issues	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Nausea	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Vomiting	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Noise sensitivity	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Light sensitivity	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Fatigue	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Concentration	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Feeling foggy	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Sadness	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Depression	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Suicidal thoughts	1	2	3	4	5	Before ___ During ___ After ___	N/A ___
Seizures	1	2	3	4	5	Before ___ During ___ After ___	N/A ___

COMMENTS

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