

The Rivermead Post-Concussion Symptoms Questionnaire*

Patient _____ DOI: _____ Today's Date _____

After a head injury or accident some people experience symptoms which can cause worry or nuisance. We would like to know if you now suffer any of the symptoms given below. As many of these symptoms occur normally, we would like you to *compare yourself now with before the accident*. For each one please circle the number closest to your answer.

- 0=Not experienced at all
- 1=no more of a problem now than before the accident
- 2=a mild problem now
- 3=a moderate problem now
- 4=a severe problem now

Compared with before the accident, do you now (i.e. over the last 24 hours) suffer from:

Headaches	0	1	2	3	4
Feelings of dizziness	0	1	2	3	4
Nausea and/or vomiting	0	1	2	3	4
Noise sensitivity, or easily upset by loud noise	0	1	2	3	4
Sleep disturbance	0	1	2	3	4
Fatigue, tiring more easily	0	1	2	3	4
Being irritable, easily angered	0	1	2	3	4
Feeling depressed or tearful	0	1	2	3	4
Feeling frustrated or impatient	0	1	2	3	4
Forgetfulness, poor memory	0	1	2	3	4
Poor Concentration	0	1	2	3	4
Taking longer to think	0	1	2	3	4
Blurred Vision	0	1	2	3	4
Light sensitivity, or easily upset or irritated by bright light	0	1	2	3	4
Double Vision	0	1	2	3	4
Restlessness	0	1	2	3	4

Are you experiencing any other difficulties?

Please specify, and rate as above.

1. _____	0	1	2	3	4
2. _____	0	1	2	3	4

*King, N., Crawford S., Wenden F., Moss, N., and Wade, D. (1995) J. Neurology 242: 587-592