



Banner
Concussion Center

Demographic Questionnaire for ImPACT Test

Date of Birth MM/DD/YYYY _____

First Name _____

Last Name _____

Height (ex 5 ft 0 in) _____

Weight (# only in lbs) _____

Gender (male/female)

Handedness (right/ left/ambidextrous)

Ethnicity (optional) Circle One

American Indian/ Alaska Native Asian Black/African American

Hispanic/Latino Native Hawaiian/Other Pacific Islander White

Years of education *completed* (ex. High school senior=11) _____

Star any of the following that apply:

- Received speech therapy
- Attended Special Education classes
- Repeated one or more years of school
- Diagnosed learning disability
- Diagnosed attention deficit disorder or hyperactivity

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

- Below average
- Average
- Above average

Current sport: _____

Current position (ex. Quarterback or unknown) _____

Current level of participation Junior high/ High school

Years of experience at current level (0-4) _____

Number of times diagnosed with a concussion _____

If one or more please answer the following:

Total number of concussions that resulted in:

___ Loss of consciousness

___ Confusion

___ Difficulty with memory immediately following injury

___ Difficulty with memory immediately before injury

___ Total games missed due to all concussions combined _____

Please list the 5 *most recent* concussions (MM/YYYY)

Indicate whether you have experienced following:

☐ Treatment for headaches by physician

☐ Treatment for migraine headache by physician

☐ Treatment for epilepsy/seizures

☐ Treatment for brain surgery

☐ Treatment for meningitis

☐ Treatment for substance/alcohol

☐ Treatment for psychiatric condition (depression/anxiety)

Have you ever been diagnosed with any of the following conditions?

ADD/ADHD Y N

Dyslexia Y N

Autism Y N

Have you participated in any *strenuous* exercise and/or exertion in the last 3 hours?

Y N

Date of last concussion (MM/DD/YYYY) _____

Approximate hours of sleep last night _____

Current medications (please list) _____
