This tool does not constitute, and is not intended to constitute, a standard of medical care. It is a guide derived from the Standardized Concussion Assessment Tool 2 (SCAT2) (McCrory, et al, BJSM ‘09) and represents a standardized method of evaluating NFL players for concussion consistent with the reasonable, objective practice of the healthcare profession. This guide is not intended to be a substitute for the clinical judgment of the treating healthcare professional and should be interpreted based on the individual needs of the patient and the specific facts and circumstances presented.

**NFL Sideline Concussion Assessment Tool: BASELINE TEST. Athlete completes blue sections. ATC/MD/DO completes sheet.**

**Athlete** ______________________  **Position** ______________________  **Team** ______________________  **Athlete Initials** ________

**Date & Time of Baseline Test:**  Date _____  Time ____am / pm  **Evaluator** _________________  **ATC / MD / DO /Other**

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### RISK FACTORS:

#### Concussion History

Have you EVER had a concussion, had your “bell rung”, or had any of the symptoms below as a result of a head injury?  Y  N

- If yes, previous number: 0 1 2 3 4 5 6+
- What type of symptoms did you have? ___________________________________________________________________
- How long were you out of activity?  _________

Have you ever lost consciousness as a result of a head injury?  Y  N

Have you ever been hospitalized as a result of a head injury?  Y  N  Details ___________________________________________________________________

Have you ever had any imaging tests of your brain (CT, MRI, DTI, other)?  Y  N  Details ___________________________________________________________________

Date of most recent concussion?  _________

#### Additional Risk Factors: Personal History

- Headache or migraines?
- Learning disability / dyslexia?
- ADD / ADHD?
- Depression, anxiety or other psychiatric disorder?
- Seizure disorder?

Are you on any medications?  If yes please list ______________________________________________________________

### How do you feel?  The athlete should score themselves on the following symptoms, based on how they feel at the time.  (i.e. 0 = not present, 1 = mild, 3 = moderate, 6 = severe)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache / head pressure</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Nausea / vomiting</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Neck pain</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Fatigue / low energy</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Don't feel right&quot;</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Feeling &quot;in a fog&quot;</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Visual problems / blurred vision</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sleeping &gt; usual</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sleeping &lt; usual</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Nervous or anxious</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Feeling more emotional</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total # Symptoms: of 24 = ____  Symptom Severity Score: (max 24 symptoms X max 6 rating) of 144 = ____**

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Athlete should initial in upper right hand corner that information provided above is accurate to the best of their knowledge.

**BELOW IS FOR ATC / MD / DO / OTHER PROVIDER USE ONLY**

**Select Physical Signs or Symptoms: Screen for Cervical Spine and/or More Serious Brain Trauma**

- Any reported neck pain, c-spine tenderness or decreased range of motion?  Y  N
- Pupil reaction abnormal or pupils unequal?  Y  N
- Extra-ocular movements abnormal and/or cause double vision?  Y  N
- Asymmetry or abnormalities on screening motor or sensory exam?  Y  N
- Other ______________________________________________________________
**SAC / ORIENTATION**  
of 5 = _____  
What month is it?  
What is the date today?  
What is the day of the week?  
What year is it?  
What time is it right now? (within an hour)

**SAC / Word Recall:** Read list of 5 words 1 per second, ask athlete to repeat list, in any order. (Use of specific lists below optional) For Trial 2 & 3, read the same list of words again and have athlete repeat them back, in any order. One point for each word remembered. Do not tell athlete that delayed recall will be tested.

**List 1**  
Immediate Recall Trials  
#1  #2  #3  
elbow  _______  _______  _______  
apple  _______  _______  _______  
carpet  _______  _______  _______  
saddle  _______  _______  _______  
bubble  _______  _______  _______

Alternative Lists  
candle  baby  
paper  monkey  
sugar  perfume  
sandwich  sunset  
wagon  iron

Delayed recall (perform at end of all sideline testing, at least > 5 minutes)

**Total of all three immediate word recalls: out of 15 = _____**  
**Total delayed recall: out of 5 = _____**

**SAC / Concentration:** Read string of numbers, ask athlete to repeat backwards. (Use of specific numbers below optional). If correct go to the next string length. If incorrect, read second string (same length) 1 point for each string length correct. Stop after incorrect on both trials.

**Digits Backward:**  

<table>
<thead>
<tr>
<th></th>
<th>4-9-3</th>
<th>3-8-1-4</th>
<th>6-2-9-7-1</th>
<th>7-1-8-4-6-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>#2</td>
<td>6-2-9</td>
<td>3-2-7-9</td>
<td>1-5-2-8-6</td>
<td>5-3-9-1-4-8</td>
</tr>
<tr>
<td>#3</td>
<td>5-2-6</td>
<td>1-7-9-5</td>
<td>3-8-5-2-7</td>
<td>8-3-1-9-6-4</td>
</tr>
</tbody>
</table>

**Alternative digit lists**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9-3</td>
<td>6-2-9</td>
<td>5-2-6</td>
</tr>
<tr>
<td>3-8-1-4</td>
<td>3-2-7-9</td>
<td>1-7-9-5</td>
</tr>
<tr>
<td>6-2-9-7-1</td>
<td>1-5-2-8-6</td>
<td>3-8-5-2-7</td>
</tr>
<tr>
<td>7-1-8-4-6-2</td>
<td>5-3-9-1-4-8</td>
<td>8-3-1-9-6-4</td>
</tr>
</tbody>
</table>

**SAC / Concentration cont:** Months in reverse order  

1 point for months in reverse correctly ( < 30 sec) = _____

**Total of SAC Concentration of 5 = _____**

**Modified BESS:** This is calculated by adding 1 error point for each error during the three 20-sec tests. The maximum total # of errors for any single condition is 10. The higher the score, the worse is the player's balance.

**Balance testing – types of errors**
1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

**Shoe wear used for baseline test should be the same/similar to that to be used for the post injury assessment**

**Which foot tested (non-dominant foot)**
- L
- R

**Double leg stance (feet together)**  
# errors ___

**Single leg stance (non dominant foot)**  
# errors ___

**Tandem stance (non dominant foot at back)**  
# errors ___

**BALANCE SCORE:** (summed # of errors) = _____

**SCORING:** (for research purposes)

- All SAC scores (summed orange boxes)  = ___ of 30
- BALANCE Score: (summed BESS Errors)  = ___
- Symptom Score: (# symptoms reported)  = ___ of 24
- Symptom Severity Score (max 24 X max 6)  = ___ of 144

**ADDITIONAL COMMENTS:**

____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________