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Adult Neurology

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Impact Test Demographic Questionnaire

Name: _____ Date: _____
Date of Birth: _____ Height: _____ Weight: _____
Handedness: Left Right Ambidextrous Years of education completed: _____
Native country: _____ Native language: _____
Second language: _____ Ethnicity: _____

Have you ever: Circle one
Received speech therapy yes/no
Attended special education classes yes/no
Repeated one or more years of school yes/no
Been diagnosed learning disability yes/no
Been diagnosed with attention deficit disorder or hyperactivity yes/no

What type of student are/were you? (circle one)
Below average Average Above average

What sport do you currently participate in? _____
Current position: _____
Current level of participation: _____
Years of experience at this level excluding this year: _____
Number of times diagnosed with concussion excluding current injury: _____
Total number of concussions that resulted in loss of consciousness: _____
Total number of concussions that resulted in confusion: _____
Total number of concussions that resulted in difficulty remembering events that occurred immediately after injury: _____
Total number of concussions that resulted in difficulty remembering events that occurred immediately before injury: _____
Total games missed as a result of all concussions combined: _____
Please list the dates of your 5 most recent concussions: _____

Indicate whether you have experienced the following: (circle yes or no)
Treatment for headaches by a physician yes/no
Treatment for migraine by a physician yes/no
Treatment for epilepsy/seizures yes/no
History of brain injury yes/no
History of meningitis yes/no

