Appendix C Questionnaires and Clinical Assessments

EXiT Report Sheet

UPMC Centers of Rehab Services

UPMC EXIT for Concussion Clearance

EXIT Concussion Assessment

Assessment Information

Date _____

Start Time _____

BP pre: _____/_____

post: _____/_____

HR pre: _____

post: _____

Testing Order

__1__ Aerobic (HIIT)

Version (circle): **1 2 3 4 5 6**

_____ Dynamic Circuit

_____ Ball Toss Version

_____ Box Drill (Shuffle)

_____ Box Drill (Carioca)

_____ Zig Zag Drill

_____ Pro Agility

_____ Arrow Agility

Internal Use

Site: _____

☐ Past medical history reviewed on intake

Aerobic Protocol

Gender	Athlete Type	Treadmill Version	Treadmill Speed (mph) LOW	Treadmill Speed (mph) HIGH	Pacer (10 m) Version	Pacer (10 m) Time (sec) LOW	Pacer (10 m) Time (sec) HIGH
Female	Moderate	1	4.0	6.0	5	4.5	4.0
	Advanced	2	4.5	7.0			
Male	Moderate	3	4.5	7.5	6	4.0	3.5
	Advanced	4	5.5	8.5			

Aerobic Component

Time	HA	DZ	NA	RPE	HR
0 (Pre)					
2 (Warm-up)					
6:30-7					
12 (Finish)					

Assessment Notes

☐ Symptoms worsened during assessment

Inability to maintain pace/physical demands and

☐ modified, explain:

☐ discontinued, explain:

☐ Other:

End Time (if DNF): _____

Dynamic Movement Component

Task	HA	DZ	NA	RPE	HR	Errors	Time
Dynamic Circuit							
Ball Toss							
Box Drill (Shuffle)							1. 2.
Box Drill (Carioca)							1. 2.
Zig-Zag							1. 2.
Pro Agility							1. 2.
Arrow Agility							1. 2.

Assessment Notes

☐ Symptoms worsened during assessment

Inability to maintain pace/physical demands and

☐ modified, explain:

☐ discontinued, explain:

☐ Other:

End Time (if DNF): _____

Sport Specific/Contact activities:

Vestibular-Ocular Motor Screening (VOMS) Tool

Vestibular-Ocular Motor Screening (VOMS)

	Not Tested	Headache 0--10	Dizziness 0--10	Nausea 0--10	Fogginess 0--10	Comments
BASELINE	N/A					
Smooth Pursuits						
Saccades – Horizontal						
Saccades – Vertical						
Convergence (Near Point)						**(Near Point in cm):** Measure 1:_____ Measure 2:_____ Measure 3:_____
VOR – Horizontal						
VOR – Vertical						
Visual Motion Sensitivity Test						
Comments:						

Post-Concussion Symptom Scale (PCSS)

No symptoms"0"-------Moderate "3"---------Severe"6"

Time after Concussion

SYMPTOMS	Days/Hrs _____	Days/Hrs _____	Days/Hrs _____
Headache	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Nausea	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Vomiting	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Balance problems	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Dizziness	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Fatigue	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Trouble falling to sleep	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Excessive sleep	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Loss of sleep	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Drowsiness	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Light sensitivity	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Noise sensitivity	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Irritability	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Sadness	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Nervousness	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
More emotional	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Numbness	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Feeling "slow"	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Feeling "foggy"	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Difficulty concentrating	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Difficulty remembering	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Visual problems	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
TOTAL SCORE	_____	_____	_____

Demographic Questionnaire

ID #_____
Date of Birth MM/DD/YYYY

_____
Height (ft/in) _____
Weight (lbs) _____
Gender:

- ◻ Male
- ◻ Female

Handedness:

- ◻ Right
- ◻ Left
- ◻ Ambidextrous

Ethnicity (***optional***) Circle One
American Indian/ Alaska Native Asian Black/ African American/ Hispanic/ Latino Native Hawaiian /Pacific Islander/ White Other/

Academic History

Years of education completed (ex. High school senior=11) _____
Select if 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? select one

- ◻ Below average
- ◻ Average
- ◻ Above average

Sport Participation History

Current sport:

_____
Current position (ex. Quarterback or unknown)

_____
Current level of participation

- ◻ Junior high
- ◻ High school
- ◻ Collegiate
- ◻ Professional

Years of experience at current level (i.e. 0-4)

_____

Medical History

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

EXiT Dynamic Component Descriptions

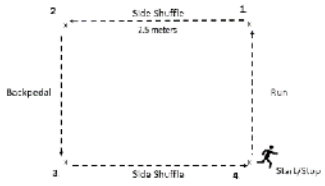
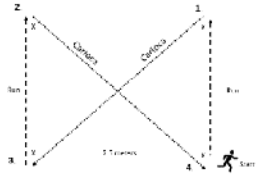
Functional Movements

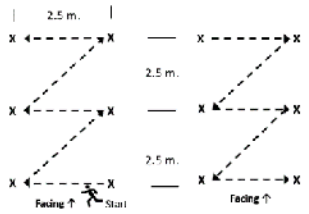
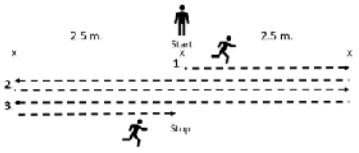
Dynamic Circuit	Athlete performs 3X10 sets of squat jumps, side-to-side pushups, and ball rotations in synchronization with a metronome (25 beat/min) and 30-second rest following each set. Errors include improper form or inability to maintain pace.
Ball Toss	While the participant standing 2.5 meters in front of administrator. After administrator calls 'left', or 'right', participant jumps and rotates 180° in the specified direction, catches a basketball tossed by the administrator, and toss back before returning to the starting position for the next trial. Conduct 10 trials (5 jumps left and 5 jumps right) and after a 30-second rest, a second round is performed whereby administrator calls direction (left or right) or 'Go' (Distractor-no response) in a random sequence (5 jumps left, 5 jumps right, and 2 distractors). A jump-turn in the wrong direction, inability to catch or toss ball back to administrator, or a jump committed after a 'Go' call are counted as errors.

Agility Tasks

Set Up: Place 6 agility cones 2.5 meters apart in a rectangle (2 rows with 3 cones each)

- Instructions and demonstrations for each task are provided during the break between tasks. All tasks will begin with a "3, 2, 1, GO" count.
- Participants complete 2 trials for each task with a 30 second rest between trials (except Pro Agility-15 seconds)
- Instances in which participants knocks a cone off the original placement, mis-navigates a cone, or does not hand-touched a cone when instructed to do so are counted as errors.

Box Drill Shuffle	Athlete will sprint forward to the first cone, side shuffle to the second cone, backpedal to the 3rd cone, and side shuffle to the "start" cone. After completing 2 "laps", immediately repeat in the opposite direction (4 total circles), rest for 30 seconds. Repeat.	
Box Drill Carioca	Athlete will sprint forward to the first corner, carioca diagonally backwards to the 3rd corner. Sprint to the 2nd corner, and carioca backwards diagonally to the "start" corner. After completing 2 "laps", rest for 30 seconds. Repeat.	

Zigzag	Athlete will side-shuffle to the left, touch the cone, and side shuffle diagonally to the right cone and repeat for remaining cones. After reaching the final cone, maintain body facing the same direction and continue to side-shuffle touch each cone in reverse order (starting with a lateral shuffle back to the right. Repeat with a backwards shuffle to the start cone. Complete 2 "laps", Rest for 30 seconds. Repeat.	
Pro Agility	Begin standing between 2 end-cones and facing perpendicular to cones. When cued, turn right, sprint to touch the right cone (2.5m), turn and sprint to the far left cone (5m), touch cone, turn and run to touch each end cone one additional time (5m each), before sprinting through the start cone (middle). Rest 15 seconds. Repeat with initial direction to left.	
Arrow Agility	Athlete begins at the same position as Pro Agility task. Administrator presents a card that has a block on the left or right side which correspond to each end cone. Subject is instructed to run, touch the cone, and return to the starting point as quickly as possible, at which point the clinician presents the next card. A series of 16 cards (8 left, and 8 right) are presented in a randomized order. Upon completion of all 16, rest for 30 seconds. During rest, athlete is instructed to repeat task, running to the direction of the arrow, regardless of its spatial location (left or right) on the card. A series of 16 cards are randomly presented, the cards include congruent (box-left/arrow-left and box-right/arrow-right) and incongruent (box-left/arrow-right and box-right/arrow-left) combinations that are each presented with 4 trials.	