Concussion Questionnaire for Baraka Bouts/Bengal Bouts

(Form must be completed in detail and returned to me ASAP in order to be cleared for participation.
Email: cmorrow@nd.edu    Fax: 574-631-5011)

NAME: _______________________________    SPORT: _______________________________

1. How many concussions have you experienced? Approximate dates and circumstances:
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

2. How many concussions were diagnosed by a physician? __________________________

3. Did any of your concussions result in a hospital admission, CT scan, or MRI? ____________
   ____________________________________________________

4. What was the worst concussion you experienced? Please describe:
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

5. For your worst concussion, how long did it take before you were back to normal? _________
   ____________________________________________________

6. Do you feel you are more susceptible to concussions than others? ______________________

7. Do you take any medications for Attention Deficit Disorder, learning problems or depression/anxiety? _________________________________