Please rate the following symptoms with regard to how much they have disturbed you IN THE LAST 2 Weeks. The purpose of this inventory is to track symptoms over time. Please do not attempt to score. Ratings are:

0 = None – Rarely if ever present; Not a problem at all

1 = Mild – Occasionally present, but it does not disrupt my activities; I can usually continue what I’m doing; doesn’t really concern me.

2 = Moderate – Often present, occasionally disrupts my activities; I can usually continue what I’m doing with some effort; I feel somewhat concerned.

3 = Severe – Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel I need help.

4 = Very Severe – Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.

1. Feeling Dizzy

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

2. Loss of Balance

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

3. Poor coordination, clumsy

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

4. Headaches

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

5. Nausea

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

6. Vision problems, blurring, trouble seeing

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

7. Sensitivity to light

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

8. Hearing difficulty

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

9. Sensitivity to noise

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

10. Numbness or tingling on parts of my body

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

11. Change in taste and/or smell

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

12. Loss of appetite, or increased appetite

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

13. Poor concentration, can’t pay attention, easily distracted

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

14. Forgetfulness, can’t remember things

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

15. Difficulty making decisions

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

16. Slowed thinking, difficulty getting organized, can’t finish things

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

17. Fatigue, loss of energy, getting tired easily

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

18. Difficulty falling or staying asleep

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

19. Feeling anxious or tense

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

20. Feeling depressed or sad

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

21. Irritability, easily annoyed

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

22. Poor frustration tolerance, feeling easily overwhelmed by things

\_0. None \_1. Mild \_2. Moderate \_3. Severe \_4. Very Severe

Note: Scoring

Overall score: sum of all items

Somatic/Sensory subscale: sum of responses to questions 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12

Affective subscale: sum of responses to questions 4, 17, 18, 19, 20, 21, 22

Cognitive scale: sum of responses to questions 13, 14, 15, 16

Reference:

Cicerone, K. D., & Kalmar, K. (1995). Persistent postconcussion syndrome: The structure of subjective complaints after mild traumatic brain injury. *The Journal of Head Trauma Rehabilitation, 10*, 1–17

King PR, Donnelly KT, Donnelly JP, et al. (2012). Psychometric study of the Neurobehavioral Symptom Inventory. Journal of Rehabilitation Research & Development, 49(6): 879-888