



SCAT3-CHILD Symptom Evaluation

(Athletes ages 5 - 12 years)

Child report

Name: _____	never	rarely	sometimes	often
I have trouble paying attention	0	1	2	3
I get distracted easily	0	1	2	3
I have a hard time concentrating	0	1	2	3
I have problems remembering what people tell me	0	1	2	3
I have problems following directions	0	1	2	3
I daydream too much	0	1	2	3
I get confused	0	1	2	3
I forget things	0	1	2	3
I have problems finishing things	0	1	2	3
I have trouble figuring things out	0	1	2	3
It's hard for me to learn new things	0	1	2	3
I have headaches	0	1	2	3
I feel dizzy	0	1	2	3
I feel like the room is spinning	0	1	2	3
I feel like I'm going to faint	0	1	2	3
Things are blurry when I look at them	0	1	2	3
I see double	0	1	2	3
I feel sick to my stomach	0	1	2	3
I get tired a lot	0	1	2	3
I get tired easily	0	1	2	3

Total number of symptoms (Maximum possible 20)

Symptom severity score (Maximum possible 20 x 3 = 60)

☐

self rated

☐

clinician interview

☐

self rated and clinician monitored

Please continue on the other side.

Parent report

The child

	never	rarely	sometimes	often
has trouble sustaining attention	0	1	2	3
Is easily distracted	0	1	2	3
has difficulty concentrating	0	1	2	3
has problems remembering what he/she is told	0	1	2	3
has difficulty following directions	0	1	2	3
tends to daydream	0	1	2	3
gets confused	0	1	2	3
is forgetful	0	1	2	3
has difficulty completing tasks	0	1	2	3
has poor problem solving skills	0	1	2	3
has problems learning	0	1	2	3
has headaches	0	1	2	3
feels dizzy	0	1	2	3
has a feeling that the room is spinning	0	1	2	3
feels faint	0	1	2	3
has blurred vision	0	1	2	3
has double vision	0	1	2	3
experiences nausea	0	1	2	3
gets tired a lot	0	1	2	3
gets tired easily	0	1	2	3

Total number of symptoms (Maximum possible 20)

Symptom severity score (Maximum possible 20 x 3 = 60)

Do the symptoms get worse with physical activity?

☐ Y ☐ N

Do the symptoms get worse with mental activity?

☐ Y ☐ N

☐ parent self rated ☐ clinician interview ☐ parent self rated and clinician monitored

Overall rating for parent / teacher / coach / carer to answer.

How different is the child acting compared to his/her usual self?

Please circle one response:

☐ no different ☐ very different ☐ unsure ☐ N/A

Name of person completing Parent-report: _____

Relationship to child of person completing Parent-report: _____