



Name _____

8/2

9 J C V _ V G C O _ F K F _ [Q W _ R N C [_ N C U V _ Y G

Did your team win the last game?

Maddocks score

BACKGROUND

COGNITIVE & PHYSICAL EVALUATION

Name: _____ Date: _____

Examiner: _____

5RQTV VGCO UEJQQN _____ & CVG VKOG

INSTRUCTIONS

9 Q T F K U R L I c s throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

"You should score yourself on the following symptoms, based on how you feel now".

To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

For total number of symptoms, maximum possible is 22.

For Symptom severity score, add all scores in table, maximum possible is 22

SAC⁴

Immediate Memory

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

% Q O R N G V G C N N V T K C N U T G H I C T F N G U Y Q F F W J E Q V G C Q T P C W G K O C H N Q P G R G T U G E Q P F

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

Concentration

Digits backward

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

+ H E Q T T G E V I Q V Q P G Z V U V T G R E P D I N G P O S S I B L E F O R B A C K S T R I N G T T G E V T G C F V T K C N
length

ATHLETE INFORMATION

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for

2 T Q D N E G O V N T F Q X G J G U V s J Q W F J G

