

Subject Identifier Number:		Age:			
Part I - Health					
	Poor	Average	Good	Very Good	
1. How would you describe your general health?					
2. Did you ever experience a concussion? (Y/N)		2a. If yes, how many times?			
3. If yes to Q2, when was the most recent concussion?					
4. If yes to Q2, did you ever lose consciousness? (Y/N)		4a. If yes, how many times?			
5. Did you ever enter in the head injury assessment (HIA) process? (even if no concussion) (Y/N)		5a. If yes, how many times?			
6. Did you ever fail the HIA (Y/N) after a match (i.e. did you fail HIA2 or 3?)					
7. Did your return to play protocol ever go beyond 6 days?					
8. If yes to Q7, what was the longest time before return to play?					
Part II - Recent Concussion History (if yes to Q2)					
Thinking of your last concussion how often had you been bothered by any of the difficulties listed during recovery	Always	Often	Sometimes	Never	N/A
9. Having double vision or blurred vision					
10. Difficulty concentrating, having a poor span of attention.					
11. Memory loss in the past 6 months.					
12. Have you had headaches?					
13. Have you had difficulty with balance or dizziness?					

14. List any other symptom			
Part III - Exclusion Criteria and Safety			
	Yes	No	Don't Know
15. Have you donated blood in past 3 months?			
16. In the last three months have you suffered from a low blood count or anaemia?			