

HEAD INJURY SYMPTOM CHECKLIST (HICS)

Do you experience one or more of the following complaints? Underline first the situation before the injury and then underline the complaints you have experienced during the last week.

	Before injury			After injury		
	no	sometimes	often	no	sometimes	often
1. Headache	0	1	2	0	1	2
2. Dizziness	0	1	2	0	1	2
3. Balance problems	0	1	2	0	1	2
4. Tinnitus	0	1	2	0	1	2
5. Hearing loss?	0	1	2	0	1	2
6. Drowsiness?	0	1	2	0	1	2
7. Fatigue	0	1	2	0	1	2
8. Forgetfulness	0	1	2	0	1	2
9. Poor concentration	0	1	2	0	1	2
10. Slowness	0	1	2	0	1	2
11. Irritability	0	1	2	0	1	2
12. Noise intolerance	0	1	2	0	1	2
13. Alcohol intolerance	0	1	2	0	1	2
14. More Anxious	0	1	2	0	1	2
15. Dry mouth	0	1	2	0	1	2
16. Neck pain	0	1	2	0	1	2
17. Neck Stiffness	0	1	2	0	1	2
18. Arm pain	0	1	2	0	1	2
19. Itching	0	1	2	0	1	2
20. Problems with falling asleep	0	1	2	0	1	2
21. Problems with sleeping through	0	1	2	0	1	2

Do you experience other complaints, that are not listed above?