

Head Injury Scale – Resolution HIS-R

DURATION: Circle the number that best describes how long you have experienced each symptom within the past 24 hours.

- 0 = Circle a zero indicates that you have NOT experienced this symptom within the past 24 hours.
- 1 = Circling a one indicates that your experience with this symptom has been BRIEF
- 6 = Circling a six indicates that your experience with this symptom has been **CONSTANT**

SEVERITY: Circle the number that best describes how SEVERE each experienced symptom has felt to you.

- 0 = Circling a zero indicates that this symptom has NOT felt SEVERE to you.
- 6 = Circling a six indicates that this symptom has felt **EXTREMELY SEVERE** to you.

	No Brief ----- Constant							Not Severe ----- Extremely Severe						
Headache	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Difficulty Balancing	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Difficulty Concentrating	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Noise Sensitivity	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Feeling "In a Fog"	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Difficulty Sleeping	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Feeling "Slowed Down"	0	1	2	3	4	5	6	0	1	2	3	4	5	6
DURATION SCORE (Sum of all Circled Responses)							SEVERITY SCORE (Sum of all Circled Responses)							