



FULL SPECTRUM
MEDICINE

THE CONCUSSION REPAIR MANUAL

COGNITIVE SYMPTOMS
Worksheets

COGNITIVE SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any additional cognitive symptoms you're experiencing

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Enter date and/or day of week here							
Problems with memory							
Poor attention/ concentration							
Poor reasoning/ problem-solving							
Poor planning/ organizational skills							
Poor reading, writing and/or speaking							

COGNITIVE SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any additional cognitive symptoms you're experiencing

	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
Enter date and/or day of week here	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Problems with memory							
Poor attention/ concentration							
Poor reasoning/ problem-solving							
Poor planning/ organizational skills							
Poor reading, writing and/or speaking							

COGNITIVE SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any additional cognitive symptoms you're experiencing

	DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
Enter date and/or day of week here	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Problems with memory							
Poor attention/ concentration							
Poor reasoning/ problem-solving							
Poor planning/ organizational skills							
Poor reading, writing and/or speaking							

COGNITIVE SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any additional cognitive symptoms you're experiencing

	DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY 27	DAY 28
Enter date and/or day of week here	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Problems with memory							
Poor attention/ concentration							
Poor reasoning/ problem-solving							
Poor planning/ organizational skills							
Poor reading, writing and/or speaking							

COGNITIVE SYMPTOMS

Enter severity scores for each symptom. Use extra rows to track any additional cognitive symptoms you're experiencing

DAY 29

DAY 30

DAY 31

Enter date and/or day of week here

Problems with memory

Poor attention/
concentration

Poor reasoning/
problem-solving

Poor planning/
organizational skills

Poor reading, writing
and/or speaking