

Appendix 12.4

Managing Your Return to Post-Secondary Activities: Package Template and Activity Log

Name of Student: _____ **Current Date:** _____
Identification Number: _____
Date of Birth: _____

Injury Description

1. Did the injury occur before or after you arrived at your post-secondary institution? Yes No
 - a. Did you sustain a direct blow to the head or indirectly through other forces: Direct Indirect Unknown
 - b. Is there evidence of intracranial injury or skull fracture? Yes No Unknown
 - c. If forces were sustained directly to your head, what was the location:
Frontal Left Temporal Right Temporal Left Parietal Right Parietal Occipital Neck
2. Cause of injury:
Motor Vehicle Collision (MVC), Pedestrian-MVC, Bicycle Fall, Assault, Sports (Specify) _____
Other _____
3. Did you sustain in disruption in your memory for events:
 - a. Do you remember the impact and/or event (i.e., loss of consciousness or conscious awareness)?
 - b. Are there any events from before the injury that you do not remember (i.e., what you were doing just prior to the impact of event)? Yes No
If yes, then duration: _____
 - c. Are there any events from after in the injury that you do not remember, (i.e., what happened after the impact or event)? Yes No
If yes, then duration: _____
 - d. Any immediate symptoms of balance problems, being dazed, confused, unaware of where you were?
Yes No
If yes, then describe: _____
4. Were seizures observed or reported? Yes No

Current Activities

1. What is your academic status? Full Time Part Time Transitional Other _____
2. Do you have co-operative placements? Yes No
3. Do you have practical placements or labs related to your courses? Yes No
 - a. If yes, do you work with equipment, chemicals or other potential hazards? Yes No
4. Do you participate in extra-curricular activities either at post-secondary school or outside of school? Yes No
 - a. If yes, what activities do you participate in? Include clubs, intramural sports, varsity sports, student government, residence staff, residence and faculty representation, employment, and anything else you participate in at or outside of school apart from your classes. Describe your role in each of these commitments.

5. Have you attended class since your injury? Yes No

a. If yes, have you experienced any of the following ***more than usual?***

(Circle any of the items below if they are ***NEW*** symptoms since your injury or worsened since your injury)

a.	Nervousness before tests	Worsened	New
b.	Feeling overwhelmed when studying	Worsened	New
c.	Difficulty paying attention while studying	Worsened	New
d.	Procrastination	Worsened	New
e.	Not understanding assignments	Worsened	New
f.	Forgetting lessons/lectures	Worsened	New
g.	Difficulties with time management	Worsened	New
h.	Unable to manage your regular schedule of events	Worsened	New
i.	Feeling nervous and anxious	Worsened	New
j.	Feeling very sad and sdepressed	Worsened	New
k.	Unusual sense of irritability	Worsened	New
l.	Difficulty being around people	Worsened	New
m.	Problems maintaining regular friendships	Worsened	New
n.	Experiencing strained friendships and/or relationships	Worsened	New
o.	Unusually tired	Worsened	New
p.	Dizzy or light-headed	Worsened	New
q.	Headaches	Worsened	New
r.	Difficulties maintaining physical balance (i.e., feeling unsteady)	Worsened	New
s.	Sensitivity to light	Worsened	New
t.	Sensitivity to noise	Worsened	New

Please follow **Algorithm 12.2** to manage return to school and return to extra-curricular activities.

Use the following symptom/activity monitoring log to monitor your symptoms to facilitate your return-to-school and other activities:

Symptom Intensity: 1 = low intensity; 10 = highest intensity							
Symptomatic? (Yes or no) If yes, list symptoms.							
Alone? (Yes or no) If yes, number of people present?							
Activity: (e.g., class, homework, extra-curricular, work, home, lab, shop, waiting for bus, with friends, etc.)							
Time:							
Date:							

