Standardized Assessment of Concussion (SAC)

ORIENTATION Score: _____ / 5

What month is it?	0		1	
What is the date?	0		1	
What day of the week is it?	0		1	
What year is it?	0		1	
What time of day is it? (*w/in 1 hour*)	0		1	

IMMEDIATE MEMORY Score: _____ / 15

Form A	Form B	Form C	Form D
Elbow	Candle	Baby	Monkey
Apple	Paper	Monkey	Penny
Carpet	Sugar	Perfume	Blanket
Saddle	Sandwich	Sunset	Lemon
Bubble	Wagon	Iron	Insect

	Trial 1		Trail 2		Trail 3	
Word 1	0	1	0	1	0	1
Word 2	0	1	0	1	0	1
Word 3	0	1	0	1	0	1
Word 4	0	1	0	1	0	1
Word 5	0	1	0	1	0	1

NEUROLOGIC SCREENING

Loss of Consciousness: *(occurrance, duration)*

Retrograde Amnesia

Antegrade Amnesia

Strength

Sensation

Coordination

CONCENTRATION: *Digits Backwards* Score: _____ / 5

Form A				
4-9-3	6-2-9	0	1	
3-8-1-4	3-2-7-9	0	1	
6-2-9-7-1	1-5-2-8-5	0	1	
7-1-8-4-6-2	5-3-9-1-4-8	0	1	
Form B				
5-2-6	4-1-5	0	1	
1-7-9-5	4-9-6-8	0	1	
4-8-5-2-7	6-1-8-4-3	0	1	
8-3-1-9-6-4	7-2-4-8-6-5	0	1	
Form C				
1-4-2	6-5-8	0	1	
1-8-3-1	3-4-8-1	0	1	
4-9-1-5-3	6-8-2-5-1	0	1	
3-7-6-5-1-9	9-2-6-5-1-4	0	1	

Months in Reverse Order

Dec_Nov_Oct_Sept_Aug_ Jul_Jun_May_Apr_Mar_Feb_Jan

0 1

DELAYED RECALL Score: _____ / 5

Word 1	0	1
Word 2	0	1
Word 3	0	1
Word 4	0	1
Word 5	0	1

SCORE TOTALS

Orientation	= ____ /	5
Immediate Memory	= ____ /	15
Concentration	= ____ /	5
Delayed Recall	= ____ /	5

Overall Score

/ 30