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Neurobehavioral Symptom Inventory

NSI · SELF-REPORT

RESPONDENT NAME _____ DATE _____ CLINICIAN _____

Please rate the following symptoms with regard to how much they have disturbed you **in the last 2 weeks**. The purpose of this inventory is to track symptoms over time.

- **None** – Rarely if ever present; not a problem at all
- **Mild** – Occasionally present, but it does not disrupt my activities; I can usually continue what I'm doing; doesn't really concern me.
- **Moderate** – Often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned.
- **Severe** – Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel I need help.
- **Very Severe** – Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.

1	Feeling Dizzy	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
2	Loss of balance	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
3	Poor coordination, clumsy	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
4	Headaches	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
5	Nausea	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
6	Vision problems, blurring, trouble seeing	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
7	Sensitivity to light	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
8	Hearing difficulty	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
9	Sensitivity to noise	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
10	Numbness or tingling on parts of my body	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
11	Change in taste and/or smell	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
12	Loss of appetite or increased appetite	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
13	Poor concentration, can't pay attention, easily distracted	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
14	Forgetfulness, can't remember things	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
15	Difficulty making decisions	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE

16	Slowed thinking, difficulty getting organized, can't finish things	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
17	Fatigue, loss of energy, getting tired easily	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
18	Difficulty falling or staying asleep	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
19	Feeling anxious or tense	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
20	Feeling depressed or sad	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
21	Irritability, easily annoyed	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
22	Poor frustration tolerance, feeling easily overwhelmed by things	0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE

Vestibular (Items 1-3):	
Somatosensory (Items 4-7, 9-11):	
Cognitive (Items 13-16):	
Affective (Items 17-22):	

Total Score

Developer Reference:

Cicerone, K. D., & Kalmar, K. (1995). Persistent postconcussion syndrome: The structure of subjective complaints after mild traumatic brain injury. Journal of Head Trauma Rehabilitation, 10(3), 1–17. https://doi.org/10.1097/00001199-199510030-00002

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