

PLEASE FOLLOW THESE INSTRUCTIONS – PLEASE ASK FOR ASSISTANCE IF NEEDED!

Please sit in “every other” desk (no side by side seats)

1. Please go to: www.impacttestonline.ca/testing/
2. Enter code **Y35PPQ4K5F** into blank box at bottom of page.
3. Click “Launch Baseline Test” tab.

KEY TO TEST:

REMEMBER ALL ANSWERS ARE GOOD ANSWERS SO RELAX...

<p><u>SETUP STEP #1</u></p> <ul style="list-style-type: none"> ■ Select “English” as language of choice. ■ Click “OK”. ■ Read the four steps recommended – ensure that the “English (inches, pounds, etc)” is selected and click “Next”. ■ Click “Next” on overview page. 	<p><u>SETUP STEP #2 (SPORT & HEALTH HISTORY)</u></p> <ul style="list-style-type: none"> ■ “Summerland Minor Hockey Association” should already be selected under School/Organization ■ Fill in your appropriate “Date of Birth” (month, date, year) from the drop down menu. ■ Fill in your “Name” (first & last), as well as your “height” and “weight” (not sure, we can help) ■ Click your “Gender” (male or female) ■ Click you “Handedness” (right, left, or ambidextrous (both) – the hand you write with).
<p><u>SETUP STEP #3 (LOCATION & LANGUAGE)</u></p> <ul style="list-style-type: none"> ■ Select your “Location” – Canada. ■ Select your “Native Language” – English selected for you. ■ Select “Second Language” if needed. 	<p><u>SETUP STEP #4 (SPORT & HEALTH HISTORY 2)</u></p> <ul style="list-style-type: none"> ■ Select your “years of education completed” – whatever grade you finished <i>last</i> year – i.e. Grade 7 = 7 years. ■ Check any of first set of questions that apply – can leave blank – of next section. ■ Describe what “type of student” you were/are.
<p><u>SETUP STEP #5 (SPORT & HEALTH HISTORY 3)</u></p> <ul style="list-style-type: none"> ■ Select your “current sport” – Ice Hockey. ■ Type in your “position” – the one you played the most – forward, defence, or goal. ■ Select “current level of participation” – High School. ■ Select “years of experience” – how many years have you played hockey – this might vary depending on person. 	<p><u>SETUP STEP #6 (SPORT & HEALTH HISTORY 4)</u></p> <ul style="list-style-type: none"> ■ This next section asks if you have had a history of concussions – select an answer to the best of your ability... ■ Number of Time Diagnosed (by doctor) with a concussion (<i>if zero, all answers = zero</i>) ■ Total concussions that result in loss of consciousness. ■ Total concussions that result in confusion. ■ Total Concussions that result in memory loss after injury. ■ Total Concussions that result in memory loss before injury. ■ Total games missed due to concussion.



<p>SETUP STEP #7 (SPORT & HEALTH HISTORY 5)</p> <ul style="list-style-type: none"> ■ List the approximate dates of you 5 most recent concussions if applicable. ■ So if you have zero, leave blank, if you have less than five only answer as needed. 	<p>SETUP STEP #8 (SPORT & HEALTH HISTORY 6)</p> <ul style="list-style-type: none"> ■ Answer the next “yes or no” questions to the best of your ability. ■ If you don’t know, answer “no” ■ Have you been treated for: <ul style="list-style-type: none"> ■ Headaches by a physician (medical field) ■ Migraines by a physician ■ Epilepsy/seizures ■ Brain surgery ■ Meningitis ■ Substance abuse (booze/drugs) ■ Psychiatric condition (depression/anxiety)
<p>SETUP STEP #8 (SPORT & HEALTH HISTORY 7)</p> <ul style="list-style-type: none"> ■ Again, Answer the next “yes or no” questions to the best of your ability. ■ If you don’t know, answer “no” ■ Have you ever been diagnosed with: <ul style="list-style-type: none"> ■ ADD/ADHD ■ Dyslexia ■ Autism ■ Have you participated in strenuous (hard) activity in last 3 hours 	<p>SETUP STEP #9 (SPORT & HEALTH HISTORY 8)</p> <ul style="list-style-type: none"> ■ Answer, if applicable, the date of your last concussion. ■ Select the number of hours to the best you know of sleep you had last night. ■ List any current medications, leave blank if unknown.
<p style="text-align: center;"><u>CURRENT SYMPTOMS & CONDITIONS (PAGES 1 TO 6)</u></p> <ul style="list-style-type: none"> ■ Answer the following questions, ranking them on a scale of 1 to 6 or select “not experiencing this symptom” <ul style="list-style-type: none"> ■ If you do not recognize a word, ask. ■ Remember, there is no “right or wrong” answer, this is just survey question... <ul style="list-style-type: none"> ■ When you are done the 6th page, click “next” and then wait... 	
<p style="text-align: center;"><u>TEST TIME!</u></p> <p style="text-align: center;">READ THE INSTRUCTIONS CAREFULLY!</p> <ul style="list-style-type: none"> ■ There will be examples/practice given. <ul style="list-style-type: none"> ■ There is no time limits. ■ Keep eyes on your own computer. ■ If you get something wrong, relax – no one will achieve 100%, it is in the nature of the test. <ul style="list-style-type: none"> ■ Think of this as a video game – a test type of video game... 	
<p style="text-align: center;"><u>IMPORTANT!!!</u></p> <ul style="list-style-type: none"> ■ IF YOU HAVE ANY QUESTIONS DURING THE TEST, ASK! <ul style="list-style-type: none"> ■ IF YOU HAVE ANY QUESTIONS NOW, ASK! ■ When you are done the test make sure you are at the “confirmation” page... It won’t save if you’re not! <ul style="list-style-type: none"> ■ When you are ready, click the “start test” button... good luck, and enjoy. 	