


## ImPACT Testing Instructions

**USE GOOGLE CHROME IF POSSIBLE. MAKE SURE POP UP BLOCKER IS TURNED OFF.**

- 1.) Go to <https://www.impacttestonline.com/htmllauncher/>
- 2.) Use Customer Code **9UW5YBWKDU**

Select “Northrop High School” from the “Organization” drop-down list.





Please enter your Customer Code:

Firefox and Internet Explorer users - please disable pop up blocker to launch the test.

**Contact Support**  
Phone: (877) 648-7991  
Email: [support@impacttest.com](mailto:support@impacttest.com)  
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3.) Select Preferred Language.

Select test language:

English

Version 3.10.0

Next

4.) Fill in all fields with the required information and click “Next”.

**NOTE:** IMPACT Testing is best completed with a mouse if you are able to do so.

First Name:

Last Name:

Date of Birth:

Gender:

Pointing Device:

Back Next

5.) Select your responses and click “Next.”

Have you ever been diagnosed with attention deficit disorder or hyperactivity?

Have you ever been diagnosed with a learning disability?

Have you had a concussion in the last 6 months?

6.) Select “Enter Additional Demographics.”

7.) Enter the required information in all fields. You may use your home address or your campus address, 7001 Coldwater Rd, Fort Wayne, IN 46825. Use your school email address, if known. Click “Next.”

Address:

City/Location:  State/Province:  Zip/Postal Code:

Country:

Email Address:

[Skip](#)

8.) Select from the drop-down lists the required information. Click “Next” after completed.

Native country/region:

Native language (or language group):

Second language (or language group):

[Back](#) [Next](#)

9.) Select your years of education. (Freshman= 8; Sophomore= 9; Junior= 10; Senior= 11). Select your responses and click “Next.”

A screenshot of a survey form for question 9. At the top, there is a dropdown menu with a downward arrow, followed by the text "Years of education completed excluding kindergarten (e.g. high school senior = 11, college freshman = 12)". Below this, the instruction "Check any of the following that apply:" is followed by three rows of radio button options. Each row has a "No" button, a "Yes" button, and a text label: "Received speech therapy", "Attended special education classes", and "Repeated one or more years of school". Below these is the question "While in school, what type of student were/are you?" with three radio button options: "Below Average", "Average", and "Above Average". At the bottom right, there are two blue buttons labeled "Back" and "Skip".

10.) Select your current sport; if competing in more than one sport, just choose the current sport you are about to compete it. If you are unsure which team you will be competing for, choose the team for which you will be trying out. For “current position/event/class,” type in “athlete.” For current level of participation, select “high school.” For “years of experience,” select the appropriate number (for example, if this is your first year playing in this sport you would select 0. This number should not be greater that 3.) Click “Next.”

A screenshot of a survey form for question 10. It features four input fields: a dropdown menu for "Current sport:", a text box for "Current position/event/class:", a dropdown menu for "Current level of participation:", and a dropdown menu for "Years of experience at this level (please approximate if uncertain, and do not include current year; e.g. high school senior = 3)". At the bottom right, there are two blue buttons labeled "Back" and "Skip".

11.) Select the number of times diagnosed with a concussion, if any, and exclude current concussion, if any. If you have never had a concussion, please select 0.

▼ Number of times diagnosed with a concussion  
(excluding current injury)

11b.) These items will only appear if you select that you have been diagnosed with a concussion. Select the appropriate responses for each line. For combined number of games, use your best estimated guess if you missed games as a result of your concussion(s). Click “Next.”

▼ Number of times diagnosed with a concussion  
(excluding current injury)

▼ Number of concussions that resulted in loss of consciousness

▼ Number of concussions that resulted in confusion

▼ Number of concussions that resulted in difficulty remembering events  
occurring immediately after injury

▼ Number of concussions that resulted in difficulty remembering events  
occurring immediately before injury

▼ Combined number of games missed as a direct result of all  
concussions

12.) Select the appropriate responses for each line. Click “Next.”

**Indicate whether you have been treated for the following:**

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Headaches by physician
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Migraine headaches by physician
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Epilepsy/seizures
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Brain surgery
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Meningitis
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Substance/alcohol
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Psychiatric condition (depression/anxiety)

[Back](#) [Skip](#)

13.) Select the appropriate responses and click “Next.”

**Have you ever been diagnosed with any of the following conditions?**

Dyslexia

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Autism

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Have you participated in any strenuous exercise and/or exertion in the last three hours?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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[Back](#) [Skip](#)

14.) Select the date of your last concussion, if any. If unknown, select the closest estimate. Select the “hours of sleep last night.” List any current medication(s) you are taking, including over-the-counter medications such as Tylenol, Advil, etc.

Date of last concussion:

Hours of sleep last night (approximate if uncertain):

Current medication(s):




15.) You will now see several pages of symptoms and conditions. Select the appropriate responses you are currently feeling and click “Next” when done with each page.

<h3>Current Symptoms and Conditions - Page 1</h3> <p>Please click the box below that indicates the degree to which you are currently experiencing the following symptoms:</p> <table><tr><td><b>Headache</b> 0 1 2 3 4 5 6</td><td><b>Vomiting</b> 0 1 2 3 4 5 6</td></tr><tr><td><b>Nausea</b> 0 1 2 3 4 5 6</td><td><b>Balance problems</b> 0 1 2 3 4 5 6</td></tr><tr><td><b>Dizziness</b> 0 1 2 3 4 5 6</td><td><b>Trouble falling asleep</b> 0 1 2 3 4 5 6</td></tr></table> <p>0 = Not experiencing this symptom 1 = Barely noticeable 6 = Worst I have ever experienced</p> <p>Next</p>	<b>Headache</b> 0 1 2 3 4 5 6	<b>Vomiting</b> 0 1 2 3 4 5 6	<b>Nausea</b> 0 1 2 3 4 5 6	<b>Balance problems</b> 0 1 2 3 4 5 6	<b>Dizziness</b> 0 1 2 3 4 5 6	<b>Trouble falling asleep</b> 0 1 2 3 4 5 6	<h3>Current Symptoms and Conditions - Page 2</h3> <p>Please click the box below that indicates the degree to which you are currently experiencing the following symptoms:</p> <table><tr><td><b>Fatigue</b> 0 1 2 3 4 5 6</td><td><b>Sleeping too much</b> 0 1 2 3 4 5 6</td></tr><tr><td><b>Sleeping too little</b> 0 1 2 3 4 5 6</td><td><b>Sensitivity to light</b> 0 1 2 3 4 5 6</td></tr><tr><td><b>Drowsiness</b> 0 1 2 3 4 5 6</td><td><b>Sensitivity to noise</b> 0 1 2 3 4 5 6</td></tr></table> <p>0 = Not experiencing this symptom 1 = Barely noticeable 6 = Worst I have ever experienced</p> <p>Back Next</p>	<b>Fatigue</b> 0 1 2 3 4 5 6	<b>Sleeping too much</b> 0 1 2 3 4 5 6	<b>Sleeping too little</b> 0 1 2 3 4 5 6	<b>Sensitivity to light</b> 0 1 2 3 4 5 6	<b>Drowsiness</b> 0 1 2 3 4 5 6	<b>Sensitivity to noise</b> 0 1 2 3 4 5 6
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<h3>Current Symptoms and Conditions - Page 3</h3> <p>Please click the box below that indicates the degree to which you are currently experiencing the following symptoms:</p> <table><tr><td><b>Irritability</b> 0 1 2 3 4 5 6</td><td><b>Feeling nervous</b> 0 1 2 3 4 5 6</td></tr><tr><td><b>Sadness</b> 0 1 2 3 4 5 6</td><td><b>Feeling emotional</b> 0 1 2 3 4 5 6</td></tr><tr><td><b>Numbness or tingling</b> 0 1 2 3 4 5 6</td><td><b>Mentally 'foggy'</b> 0 1 2 3 4 5 6</td></tr></table> <p>0 = Not experiencing this symptom 1 = Barely noticeable 6 = Worst I have ever experienced</p> <p>Back Next</p>	<b>Irritability</b> 0 1 2 3 4 5 6	<b>Feeling nervous</b> 0 1 2 3 4 5 6	<b>Sadness</b> 0 1 2 3 4 5 6	<b>Feeling emotional</b> 0 1 2 3 4 5 6	<b>Numbness or tingling</b> 0 1 2 3 4 5 6	<b>Mentally 'foggy'</b> 0 1 2 3 4 5 6	<h3>Current Symptoms and Conditions - Page 4</h3> <p>Please click the box below that indicates the degree to which you are currently experiencing the following symptoms:</p> <table><tr><td><b>Feeling too slow</b> 0 1 2 3 4 5 6</td><td><b>Difficulty concentrating</b> 0 1 2 3 4 5 6</td></tr><tr><td><b>Memory problems</b> 0 1 2 3 4 5 6</td><td><b>Visual problems</b> 0 1 2 3 4 5 6</td></tr></table> <p>0 = Not experiencing this symptom 1 = Barely noticeable 6 = Worst I have ever experienced</p> <p>Back Next</p>	<b>Feeling too slow</b> 0 1 2 3 4 5 6	<b>Difficulty concentrating</b> 0 1 2 3 4 5 6	<b>Memory problems</b> 0 1 2 3 4 5 6	<b>Visual problems</b> 0 1 2 3 4 5 6		
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When completed with “current symptoms and conditions,” the test will start. Follow the instructions when given and complete the test in the **45-minute time limit**.

16.) Upon completion of the test, you should see this screen. Save this as a PDF to your computer. Confirm your email address as well – you will be emailed the confirmation of completion. Save that email. You should use your FWCS email address for your confirmation.

**ImPACT<sup>®</sup> Completion Confirmation**



**Name:** [REDACTED]  
**Date of Birth:** [REDACTED]  
**Test Type:** Baseline  
**Test Date and Time:** May 10, 2019 12:25:00 pm EDT  
**Confirmation ID:** H\_DB675C16DF624B68B45969DDBDFECDFFF4769D7CFD0D4DD4BADB  
A670B2FBC036  
**Your Passport ID:** GXJU-46R9-YFGC

*Due to the clinical nature of ImPACT, only a trained care provider can view your scores. They can access your clinical report by using your unique ImPACT Passport ID. Download the ImPACT Passport app to record this unique code and find a concussion care provider when needed.*

[Print this Confirmation](#) [Save as PDF](#)

[REDACTED]

Confirm email address

[Email this Confirmation](#)