



Military Acute Concussion Evaluation (MACE)

Defense and Veterans Brain Injury Center

Patient Name: _____

SS#: _____ - _____ - _____ Unit: _____

Date of Injury: ____/____/____

Time of Injury: _____

Examiner: _____

Date of Evaluation: ____/____/____

Time of Evaluation: _____

History: (I – VIII)

I. Description of Incident

Ask:

- a) What happened?
- b) Tell me what you remember.
- c) Were you dazed, confused, “saw stars”?

Yes No

d) Did you hit your head? Yes No

II. Cause of Injury (Circle all that apply):

- 1) Explosion/Blast 4) Fragment
- 2) Blunt object 5) Fall
- 3) Motor Vehicle Crash 6) Gunshot wound
- 7) Other _____

III. Was a helmet worn? Yes No

Type _____

IV. Amnesia Before: Are there any events just BEFORE the injury that are not remembered? (Assess for continuous memory prior to injury)

Yes No If yes, how long _____

V. Amnesia After: Are there any events just AFTER the injuries that are not remembered? (Assess time until continuous memory after the injury)

Yes No If yes, how long _____

VI. Does the individual report loss of consciousness or “blacking out”?

Yes No If yes, how long _____

VII. Did anyone observe a period of loss of consciousness or unresponsiveness?

Yes No If yes, how long _____

VIII. Symptoms (circle all that apply)

- 1) Headache 2) Dizziness
- 3) Memory Problems 4) Balance problems
- 5) Nausea/Vomiting 6) Difficulty Concentrating
- 7) Irritability 8) Visual Disturbances
- 9) Ringing in the ears 10) Other _____

Examination: (IX – XIII)

Evaluate each domain. Total possible score is 30.

IX. Orientation (1 point each)

Month:	0	1
Date:	0	1
Day of Week:	0	1
Year:	0	1
Time:	0	1

Orientation Total Score ____/5



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X. Immediate Memory:

Read all 5 words and ask the patient to recall them in any order. Repeat two more times for a total of three trials.

(1 point for each correct, total over 3 trials)

List	Trial 1		Trial 2		Trial 3	
Elbow	0	1	0	1	0	1
Apple	0	1	0	1	0	1
Carpet	0	1	0	1	0	1
Saddle	0	1	0	1	0	1
Bubble	0	1	0	1	0	1
Trial Score						

Immediate Memory Total Score ____/15

XI. Neurological Screening

As the clinical condition permits, check

Eyes: pupillary response and tracking

Verbal: speech fluency and word finding

Motor: pronator drift, gait/coordination

Record any abnormalities. **No points are given for this.**

XII. Concentration

Reverse Digits: (go to next string length if correct on first trial. Stop if incorrect on both trials.) 1 pt. for each string length.

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

Months in reverse order:

(1 pt. for entire sequence correct)

Dec-Nov-Oct-Sep-Aug-Jul

Jun-May-Apr-Mar-Feb-Jan 0 1

Concentration Total Score ____/5

XIII. Delayed Recall (1 pt. each)

Ask the patient to recall the 5 words from the earlier memory test (Do NOT reread the word list.)

Elbow	0	1
Apple	0	1
Carpet	0	1
Saddle	0	1
Bubble	0	1

Delayed Recall Total Score ____/5

TOTAL SCORE ____/30

Notes: _____

Diagnosis: (circle one or write in diagnoses)

No concussion

850.0 Concussion without

Loss of Consciousness (LOC)

850.1 Concussion with

Loss of Consciousness (LOC)

Other diagnoses _____

McCrea, M., Kelly, J. & Randolph, C. (2000). *Standardized Assessment of Concussion (SAC): Manual for Administration, Scoring, and Interpretation.* (2nd ed.) Waukesa, WI: Authors.