

Name _____ Date of Birth _____ Age _____ Diagnosis _____
 Today's Date _____ Time _____ Therapist _____

Are you able to drive a motor vehicle? Yes Partially No
 Are you able to work or study? Yes Partially No
 Are you able to sustain a close relationship with someone? Yes Partially No

How frequently do you have problems in the following areas? Please pick a number from 0 – 10.
 “0” means *Not at all* and “10” means *All the time*.

	Freq 0-10		Freq 0-10
Sensory		Energy	
Light, in general, or lights, bother you	_____	Problems with stamina	_____
Problems with the sense of smell	_____	Fatigue during the day	_____
Problems with vision (other than need for glasses)	_____	Trouble sleeping at night	_____
Problems with sensitivity to noise	_____	Problems awakening at night	_____
Problems with the sense of touch	_____	Problems falling asleep again	_____
		Memory	
Emotions		Forget what you have just heard	_____
Problems of sudden, unexplained changes in mood	_____	Forget what you are doing, what you need to do	_____
Problems of anxiety	_____	Problems with procrastination and lack of initiative	_____
Problems with unexplained spells of depression	_____	Problem not learning from experience	_____
Problems of unexplained spells of elation	_____		
Problems with explosiveness	_____	Movement	
Problems with irritability	_____	Problems with paralysis of one or more limbs	_____
Problems with suicidal thoughts or actions	_____	Problems focusing or converging the eyes	_____
		Pain	
Clarity		Head pain that is steady	_____
Feel “foggy” and have problems with clarity	_____	Head pain that is throbbing	_____
Problems following conversations (with good hearing)	_____	Shoulder and neck pain	_____
Problems with confusion	_____	Wrist pain	_____
Problems following what you are reading	_____	Knee pain	_____
Realize you have no idea what you have been reading	_____	All over pain	_____
Problems with concentration	_____	Joint pain	_____
Problems with attention	_____	Other pain _____ (specify)	_____
Problems with sequencing	_____		
Problems with prioritizing	_____	Other problems	
Problems not finishing what you start	_____	Problems with nausea	_____
Problems organizing your room, office, paperwork	_____	Skin problems	_____
Problems with getting lost in daydreams	_____	Problems with speech or articulation	_____
You cover up that you don't know what was said or asked of you	_____	Dizziness	_____
		Noise in ears (tinnitus)	_____