

# MATTHEW S. STUBBLEFIELD, M.D.

Main Office  
3303 Alma Street  
Palo Alto, California 94306  
(650) 856-0406; (650) 856-0140 fax

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Santa Rosa, California 9540;

## PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Student

School \_\_\_\_\_ School Phone: (\_\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_

## RESPONSIBLE PARTY INFORMATION

Responsible Party: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Spouse's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Address: \_\_\_\_\_

**INSURANCE BILLING:** We do not bill insurance. We will provide patients with receipts that may be submitted to insurance carriers for reimbursement. The responsible party is responsible for all charges whether or not they are covered by your insurance.

**PAYMENT POLICY:** Payment for services is required at the time the services are rendered. Payment may be made by cash, personal check or credit card (Discover, MasterCard or Visa). As patients are expected to maintain a zero balance, our office does not send patients statements on a regular basis. Accounts need to stay current in order to maintain ongoing treatment. Unpaid accounts over 60 days old are routinely reviewed for submission to our collection agency.

**FEES CHARGED:** The fees charged are based on the amount of time scheduled for dealing with patient issues. The minimum amount of time scheduled/charged is for a half session (20-30 minutes in length). If additional time beyond the scheduled time is taken to assist patients, there will be a charge for the amount of time used. In addition, patients are charged for time spent with a patient on the telephone, time taken to write duplicate prescriptions outside of scheduled appointments, and time taken to write reports or correspondence on patient's behalf.

**APPOINTMENT CANCELLATION POLICY:** Cancellations for scheduled appointments must be received 24 hours in advance during regular office hours Monday thru Friday. **Not kept or cancelled appointments that do not follow this policy will be charged an un-kept appointment fee.** This fee can equal but will not exceed the fee for the time originally scheduled. Insurance companies do not pay for un-kept appointment fees and the responsible party is held fully accountable for this charge.

*I have read and understand the above stated policies.*

**Signature of Responsible Party (required):** \_\_\_\_\_



Name: \_\_\_\_\_

**PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY**

(Please include contact with other professionals, medications, types of treatment, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

Current medical problems & medications: \_\_\_\_\_

Past medical problems & medications: \_\_\_\_\_

Other doctors/clinics seen regularly: \_\_\_\_\_

Any history of head trauma? (describe): \_\_\_\_\_

Ever any seizures or seizure-like activity? \_\_\_\_\_

Any periods of spaciness or confusion? \_\_\_\_\_

Prior hospitalizations (place, cause, date, outcome): \_\_\_\_\_

Prior abnormal lab tests, X-rays, EEG, etc: \_\_\_\_\_

Allergies/drug intolerances (describe): \_\_\_\_\_

*Present Height* \_\_\_\_\_ *Present Weight* \_\_\_\_\_

**Current Stresses** (please list factors that are a source of stress in the family) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

**Family Structure** (who lives in the current household with the child; please give relationship to the child):

\_\_\_\_\_  
\_\_\_\_\_

**Current Marital Situation/Satisfaction of Parents** \_\_\_\_\_

\_\_\_\_\_

**Family Development** (include marriages, separations, divorces, deaths, traumatic events, losses, etc.)

\_\_\_\_\_

**Natural Mother's History:** Age \_\_\_\_\_ Outside work? \_\_\_\_\_

School: highest grade completed \_\_\_\_\_

Learning problems? (specify) \_\_\_\_\_

Behavior problems? (specify) \_\_\_\_\_

Name: \_\_\_\_\_

**Natural Mother's History, Continued**

Marriages \_\_\_\_\_

Medical Problems \_\_\_\_\_

Childhood atmosphere (family position, abuse, illnesses, etc) \_\_\_\_\_

Has mother ever sought psychiatric treatment?  Yes  No

If yes, for what purpose? \_\_\_\_\_

Mother's alcohol/drug use history \_\_\_\_\_

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) \_\_\_\_\_

**Natural Father's History:** Age \_\_\_\_\_ Outside work? \_\_\_\_\_

School: highest grade completed \_\_\_\_\_

Learning problems? (specify) \_\_\_\_\_

Behavior problems? (specify) \_\_\_\_\_

Marriages \_\_\_\_\_

Medical Problems \_\_\_\_\_

Childhood atmosphere (family position, abuse, illnesses, etc) \_\_\_\_\_

Has father ever sought psychiatric treatment?  Yes  No

If yes, for what purpose? \_\_\_\_\_

Father's alcohol/drug use history \_\_\_\_\_

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) \_\_\_\_\_

**(If Applicable)**

**Step or Adoptive Mother's History (indicate which):** Age \_\_\_\_\_ Outside work? \_\_\_\_\_

School: highest grade completed \_\_\_\_\_

Learning problems? (specify) \_\_\_\_\_

Behavior problems? (specify) \_\_\_\_\_

Marriages \_\_\_\_\_

Medical Problems \_\_\_\_\_

Childhood atmosphere (family position, abuse, illnesses, etc) \_\_\_\_\_

Has step or adoptive mother ever sought psychiatric treatment?  Yes  No

If yes, for what purpose? \_\_\_\_\_

Step or adoptive mother's alcohol/drug use history \_\_\_\_\_

**Step or Adoptive Father's History (indicate which):** Age \_\_\_\_\_ Outside work? \_\_\_\_\_

School: highest grade completed \_\_\_\_\_

Learning problems? (specify) \_\_\_\_\_

Behavior problems? (specify) \_\_\_\_\_

Marriages \_\_\_\_\_

Medical Problems \_\_\_\_\_

Childhood atmosphere (family position, abuse, illnesses, etc) \_\_\_\_\_

Name: \_\_\_\_\_

**Step or Adoptive Father's History, Continued**

Has step or adoptive father ever sought psychiatric treatment?  Yes  No

If yes, for what purpose? \_\_\_\_\_

Step or adoptive father's alcohol/drug use history \_\_\_\_\_

**Siblings** (names, ages, problems, strengths, relationship to patient)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S DEVELOPMENTAL HISTORY**

**Prenatal events:**

Parents' attitude toward pregnancy \_\_\_\_\_

Conception--ease \_\_\_\_\_ planned \_\_\_\_\_ unplanned \_\_\_\_\_

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc) \_\_\_\_\_

**Birth and Postnatal period:**

Birth weight \_\_\_ Length \_\_\_ Labor duration \_\_\_ Delivery: vaginal \_\_\_ C section \_\_\_ Problems \_\_\_\_\_

APGAR scores (if known) \_\_\_\_\_ Any jaundice? Yes \_\_\_ No \_\_\_ Time in hospital \_\_\_\_\_

Other complications? \_\_\_\_\_

**Mother's health after delivery** \_\_\_\_\_

Post delivery blues? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

**Primary caretaker for child:** First year \_\_\_\_\_ Thereafter \_\_\_\_\_

**Feeding history:** breast vs bottle \_\_\_\_\_ age weaned \_\_\_\_\_ Food allergies \_\_\_\_\_

Current eating problems \_\_\_\_\_

**Sleep behavior:** sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

\_\_\_\_\_  
\_\_\_\_\_

**Separations from mother and/or father:** age, duration, reaction to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Toilet training:** Age reached bowel control: day \_\_\_\_\_ night \_\_\_\_\_ Bladder control: day \_\_\_\_\_ night \_\_\_\_\_

Methods used \_\_\_\_\_ Ease \_\_\_\_\_ Current function \_\_\_\_\_

**Motor development:** (please provide age; parentheses are approximate normal limits)

Rolls over (3-5mo) \_\_\_\_\_ Sits without support (5-7mo) \_\_\_\_\_ Crawls (5-8mo) \_\_\_\_\_

Walks well (11-16mo) \_\_\_\_\_ Runs well (2yr) \_\_\_\_\_ Rides tricycle (3yr) \_\_\_\_\_

Throws ball overhand (4yr) \_\_\_\_\_ Current level of activity \_\_\_\_\_

\_\_\_\_\_  
Fine and gross motor coordination \_\_\_\_\_ Compared to peers \_\_\_\_\_

Name: \_\_\_\_\_

**Language development:** (please provide age; parentheses are approximate normal limits)

Several words besides dada, mama (1yr) \_\_\_\_\_ Names several objects - ball, cup (15mo) \_\_\_\_\_  
3 words together--subject, verb, object (24mo) \_\_\_\_\_ Vocabulary \_\_\_\_\_ Articulation \_\_\_\_\_  
Comprehension \_\_\_\_\_ Compared to peers \_\_\_\_\_  
Any current problems? \_\_\_\_\_

**Social development:** (please provide age; parentheses are approximate normal limits)

Smiles (2mo) \_\_\_\_\_ Is shy with strangers (6-10mo) \_\_\_\_\_ Separates from mother easily (2-3yr) \_\_\_\_\_  
Cooperative play with others (4yr) \_\_\_\_\_  
Quality of attachment to mother \_\_\_\_\_ Quality of attachment to father \_\_\_\_\_  
Relationships to family members \_\_\_\_\_  
Early peer interactions \_\_\_\_\_  
Current peer interactions \_\_\_\_\_  
Special interests/hobbies \_\_\_\_\_

**Sexual development:** Gender identity \_\_\_\_\_

Any problems \_\_\_\_\_

**Behavioral/Discipline:**

Compliance vs. non-compliance \_\_\_\_\_  
Lying/stealing \_\_\_\_\_ Rule breaking \_\_\_\_\_  
Methods of discipline \_\_\_\_\_  
Other problems \_\_\_\_\_

**Emotional development:** Early temperament \_\_\_\_\_

Current personality \_\_\_\_\_  
Mood \_\_\_\_\_ Fears/phobias \_\_\_\_\_  
Habits \_\_\_\_\_  
Special objects (blankets, dolls, etc.) \_\_\_\_\_ Ability to express feelings \_\_\_\_\_

**Physical/Sexual Abuse:** \_\_\_\_\_

**School History:** Current grade \_\_\_\_\_ School contact \_\_\_\_\_

Number of schools attended \_\_\_\_\_ Average grades \_\_\_\_\_  
Homework problems \_\_\_\_\_  
Specific learning disabilities \_\_\_\_\_  
Strengths \_\_\_\_\_  
What have teachers said about your child? \_\_\_\_\_

*Please bring school report cards and any state, national or special testing that has been performed.*

**Overall Strengths -- as viewed by parents** \_\_\_\_\_

**Overall Strengths -- as viewed by child** \_\_\_\_\_

Name: \_\_\_\_\_

# Child/Teen General Symptom Checklist

Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

0                      1                      2                      3                      4                      NA  
Never                Rarely                Occasionally        Frequently            Very Frequently     Not Applicable/Not Known

Ch/Tn   Parent

- \_\_\_ \_\_\_ 1. depressed or sad mood
- \_\_\_ \_\_\_ 2. not as much interest in things that are usually fun
- \_\_\_ \_\_\_ 3. significant recent weight or appetite changes
- \_\_\_ \_\_\_ 4. recurrent thoughts of death or suicide
- \_\_\_ \_\_\_ 5. sleep changes, lack of sleep or marked increase in sleep
- \_\_\_ \_\_\_ 6. low energy or feelings of tiredness
- \_\_\_ \_\_\_ 7. feelings of being worthless, helpless, hopeless or guilty
- \_\_\_ \_\_\_ 8. plays alone or appears socially withdrawn
- \_\_\_ \_\_\_ 9. cries easily
- \_\_\_ \_\_\_ 10. negative thinking
- \_\_\_ \_\_\_ 11. periods of an elevated, high or irritable mood
- \_\_\_ \_\_\_ 12. periods of a very high self esteem or big thinking
- \_\_\_ \_\_\_ 13. periods of decreased need for sleep without feeling tired
- \_\_\_ \_\_\_ 14. more talkative than usual or feel pressure to keep talking
- \_\_\_ \_\_\_ 15. fast thoughts or frequent jumping from one subject to another
- \_\_\_ \_\_\_ 16. easily distracted by irrelevant things
- \_\_\_ \_\_\_ 17. marked increase in activity level
- \_\_\_ \_\_\_ 18. cyclic periods of angry, mean or violent behavior
- \_\_\_ \_\_\_ 19. periods of time where he/she feels intensely anxious or nervous
- \_\_\_ \_\_\_ 20. periods of trouble breathing or feeling smothered
- \_\_\_ \_\_\_ 21. periods of feeling dizzy, faint or unsteady on your feet
- \_\_\_ \_\_\_ 22. periods of heart pounding, fast heart rate or chest pain
- \_\_\_ \_\_\_ 23. periods of trembling, shaking or sweating
- \_\_\_ \_\_\_ 24. periods of nausea, abdominal upset or choking
- \_\_\_ \_\_\_ 25. intense fear of dying
- \_\_\_ \_\_\_ 26. lacks confidence in abilities
- \_\_\_ \_\_\_ 27. needs lots of reassurance
- \_\_\_ \_\_\_ 28. needs to be perfect
- \_\_\_ \_\_\_ 29. seems fearful and anxious
- \_\_\_ \_\_\_ 30. seems shy or timid
- \_\_\_ \_\_\_ 31. easily embarrassed
- \_\_\_ \_\_\_ 32. sensitive to criticism
- \_\_\_ \_\_\_ 33. bites fingernails or chews clothing
- \_\_\_ \_\_\_ 34. persistent refusal to go to school
- \_\_\_ \_\_\_ 35. excessive fear of interacting with other children or adults
- \_\_\_ \_\_\_ 36. persistent, excessive fear (heights, closed spaces, specific animals, etc.) please list \_\_\_\_\_
- \_\_\_ \_\_\_ 37. excessive anxiety concerning separation from home or from those to whom the child is attached.
- \_\_\_ \_\_\_ 38. recurrent bothersome thoughts, ideas or images which he/she tries to ignore
- \_\_\_ \_\_\_ 39. trouble getting "stuck" on certain thoughts, or having the same thought over and over
- \_\_\_ \_\_\_ 40. excessive or senseless worrying
- \_\_\_ \_\_\_ 41. others complain that he/she worries too much or gets "stuck" on the same thoughts
- \_\_\_ \_\_\_ 42. compulsive behaviors that he/she must do or he/she feels very anxious, such as excessive hand washing,

cleaning, checking locks, or counting or spelling

43. needs to have things done a certain way or he/she becomes very upset

Name: \_\_\_\_\_

- \_\_\_\_\_ 44. recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.),  
please list \_\_\_\_\_
- \_\_\_\_\_ 45. recurrent distressing dreams of a past upsetting event
- \_\_\_\_\_ 46. feelings of reliving a past upsetting event
- \_\_\_\_\_ 47. spend effort avoiding thoughts or feelings related to a past trauma
- \_\_\_\_\_ 48. feeling that your future is shortened
- \_\_\_\_\_ 49. startle easily
- \_\_\_\_\_ 50. feel like you're always watching for bad things to happen
- \_\_\_\_\_ 51. refusal to maintain body weight above a level most people consider healthy
- \_\_\_\_\_ 52. intense fear of gaining weight or becoming fat even though underweight
- \_\_\_\_\_ 53. feelings of being fat, even though you're underweight
- \_\_\_\_\_ 54. recurrent episodes of eating large amounts of food
- \_\_\_\_\_ 55. a feeling of lack of control over eating behavior
- \_\_\_\_\_ 56. engage in activities to eliminate excess food, such as self induced vomiting, laxatives,  
strict dieting or strenuous exercise
- \_\_\_\_\_ 57. persistent worry with body shape and weight
- \_\_\_\_\_ 58. involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head  
jerking or picking). How long have motor tics been present? \_\_\_\_\_ How often? \_\_\_\_\_  
describe \_\_\_\_\_
- \_\_\_\_\_ 59. involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling,  
swearing). How long have verbal tics been present? \_\_\_\_\_ How often? \_\_\_\_\_  
describe \_\_\_\_\_
- \_\_\_\_\_ 60. repetitive, seemingly driven motor behavior (e.g., hand shaking or waving, body rocking, head  
banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that  
interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment  
(or would result in an injury if preventive measures were not used).
- \_\_\_\_\_ 61. passage of feces in inappropriate places (e.g., clothing or floor).
- \_\_\_\_\_ 62. bed wetting. If present, how often? \_\_\_\_\_
- \_\_\_\_\_ 63. failure to speak in specific social situations (in which there is an expectation for speaking, e.g.,  
at school) despite speaking in other situations.
- \_\_\_\_\_ 64. delusional or bizarre thoughts (thoughts you know others would think are false)
- \_\_\_\_\_ 65. visual hallucination, seeing objects or images are not really present
- \_\_\_\_\_ 66. hearing voices that are not really present
- \_\_\_\_\_ 67. odd behaviors
- \_\_\_\_\_ 68. poor personal hygiene or grooming
- \_\_\_\_\_ 69. inappropriate mood for the situation (i.e., laughing at sad events)
- \_\_\_\_\_ 70. frequent feelings that someone or something is out to hurt you
- \_\_\_\_\_ 71. problems with social relatedness before the age of 5, either by failing to respond appropriately  
to others or becoming indiscriminately attached to others
- \_\_\_\_\_ 72. multiple changes in caregivers before the age of 5
- \_\_\_\_\_ 73. steals
- \_\_\_\_\_ 74. bullies, threatens, or intimidates others
- \_\_\_\_\_ 75. initiates physical fights
- \_\_\_\_\_ 76. cruel to animals
- \_\_\_\_\_ 77. force others into things they do not want to do (sexually or criminally)
- \_\_\_\_\_ 78. sets fires
- \_\_\_\_\_ 79. destroys property
- \_\_\_\_\_ 80. break in to others home, school, car or place of business
- \_\_\_\_\_ 81. lies
- \_\_\_\_\_ 82. stays out at night despite parental prohibitions
- \_\_\_\_\_ 83. runs away overnight
- \_\_\_\_\_ 84. cuts school



- \_\_\_ \_\_\_ 85. doesn't seem sorry for hurting others  
\_\_\_ \_\_\_ 86. negative, hostile, or defiant behavior

Name: \_\_\_\_\_

- \_\_\_ \_\_\_ 87. loses temper  
\_\_\_ \_\_\_ 88. argues with adults  
\_\_\_ \_\_\_ 89. actively defies or refuses to comply with adults' requests or rules  
\_\_\_ \_\_\_ 90. deliberately annoys people  
\_\_\_ \_\_\_ 91. blames others for his or her mistakes or misbehavior  
\_\_\_ \_\_\_ 92. touchy or easily annoyed by others  
\_\_\_ \_\_\_ 93. angry and resentful  
\_\_\_ \_\_\_ 94. spiteful or vindictive
- \_\_\_ \_\_\_ 95. impairment in communication as manifested by at least one of the following:
- delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
  - in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
  - repetitive use of language or odd language
  - lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- \_\_\_ \_\_\_ 96. impairment in social interaction, with at least two of the following:
- marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
  - failure to develop peer relationships appropriate to developmental level
  - lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
  - lack of social or emotional reciprocity
- \_\_\_ \_\_\_ 97. repetitive patterns of behavior, interests, and activities, as manifested by at least one of following:
- preoccupation with an area of that is abnormal either in intensity or focus
  - rigid adherence to specific, nonfunctional routines or rituals
  - repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
  - persistent preoccupation with parts of objects
- \_\_\_ \_\_\_ 98. stutters  
\_\_\_ \_\_\_ 99. feel tired during the day  
\_\_\_ \_\_\_ 100. feel cold when others feel fine or they are warm  
\_\_\_ \_\_\_ 101. often feel warm when others feel fine or they are cold  
\_\_\_ \_\_\_ 102. problems with brittle or dry hair  
\_\_\_ \_\_\_ 103. problems with dry skin  
\_\_\_ \_\_\_ 104. problems with sweating  
\_\_\_ \_\_\_ 105. problems with chronic anxiety or tension

Name: \_\_\_\_\_

# Child/Teen Amen Brain System Checklist

Please rate your child/teen on each of the symptoms listed below using the following scale. If practical and/or possible, to give us the most complete picture, have the child/teen (Ch/Tn) rate himself or herself. List who filled this out. \_\_\_\_\_

0                      1                      2                      3                      4                      NA  
Never                Rarely                Occasionally        Frequently            Very Frequently     Not Applicable/Not Known

Ch/Tn    Parent

- \_\_\_\_ 1. Fails to give close attention to details or makes careless mistakes
- \_\_\_\_ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- \_\_\_\_ 3. Trouble listening
- \_\_\_\_ 4. Fails to finish things
- \_\_\_\_ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- \_\_\_\_ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- \_\_\_\_ 7. Loses things
- \_\_\_\_ 8. Easily distracted
- \_\_\_\_ 9. Forgetful
- \_\_\_\_ 10. Poor planning skills
- \_\_\_\_ 11. Lack clear goals or forward thinking
- \_\_\_\_ 12. Difficulty expressing feelings
- \_\_\_\_ 13. Difficulty expressing empathy for others
- \_\_\_\_ 14. Excessive daydreaming
- \_\_\_\_ 15. Feeling bored
- \_\_\_\_ 16. Feeling apathetic or unmotivated
- \_\_\_\_ 17. Feeling tired, sluggish or slow moving
- \_\_\_\_ 18. Feeling spacey or "in a fog"
- \_\_\_\_ 19. Fidgety, restless or trouble sitting still
- \_\_\_\_ 20. Difficulty remaining seated in situations where remaining seated is expected
- \_\_\_\_ 21. Runs about or climbs excessively in situations in which it is inappropriate
- \_\_\_\_ 22. Difficulty playing quietly
- \_\_\_\_ 23. "On the go" or acts as if "driven by a motor"
- \_\_\_\_ 24. Talks excessively
- \_\_\_\_ 25. Blurts out answers before questions have been completed
- \_\_\_\_ 26. Difficulty awaiting turn
- \_\_\_\_ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- \_\_\_\_ 28. Impulsive (saying or doing things without thinking first)
- \_\_\_\_ 29. Excessive or senseless worrying
- \_\_\_\_ 30. Upset when things do not go your way
- \_\_\_\_ 31. Upset when things are out of place
- \_\_\_\_ 32. Tendency to be oppositional or argumentative
- \_\_\_\_ 33. Tendency to have repetitive negative thoughts
- \_\_\_\_ 34. Tendency toward compulsive behaviors
- \_\_\_\_ 35. Intense dislike for change
- \_\_\_\_ 36. Tendency to hold grudges
- \_\_\_\_ 37. Trouble shifting attention from subject to subject
- \_\_\_\_ 38. Trouble shifting behavior from task to task
- \_\_\_\_ 39. Difficulties seeing options in situations
- \_\_\_\_ 40. Tendency to hold on to own opinion and not listen to others
- \_\_\_\_ 41. Tendency to get locked into a course of action, whether or not it is good
- \_\_\_\_ 42. Needing to have things done a certain way or you become very upset

- \_\_\_ 43. Others complain that you worry too much  
\_\_\_ 44. Tend to say no without first thinking about question

Name: \_\_\_\_\_

- \_\_\_ 45. Tendency to predict fear  
\_\_\_ 46. Frequent feelings of sadness  
\_\_\_ 47. Moodiness  
\_\_\_ 48. Negativity  
\_\_\_ 49. Low energy  
\_\_\_ 50. Irritability  
\_\_\_ 51. Decreased interest in others  
\_\_\_ 52. Decreased interest in things that are usually fun or pleasurable  
\_\_\_ 53. Feelings of hopelessness about the future  
\_\_\_ 54. Feelings of helplessness or powerlessness  
\_\_\_ 55. Feeling dissatisfied or bored  
\_\_\_ 56. Excessive guilt  
\_\_\_ 57. Suicidal feelings  
\_\_\_ 58. Crying spells  
\_\_\_ 59. Lowered interest in things usually considered fun  
\_\_\_ 60. Sleep changes (too much or too little)  
\_\_\_ 61. Appetite changes (too much or too little)  
\_\_\_ 62. Chronic low self-esteem  
\_\_\_ 63. Negative sensitivity to smells/odors  
\_\_\_ 64. Frequent feelings of nervousness or anxiety  
\_\_\_ 65. Panic attacks  
\_\_\_ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)  
\_\_\_ 67. Periods of heart pounding, rapid heart rate or chest pain  
\_\_\_ 68. Periods of trouble breathing or feeling smothered  
\_\_\_ 69. Periods of feeling dizzy, faint or unsteady on your feet  
\_\_\_ 70. Periods of nausea or abdominal upset  
\_\_\_ 71. Periods of sweating, hot or cold flashes  
\_\_\_ 72. Tendency to predict the worst  
\_\_\_ 73. Fear of dying or doing something crazy  
\_\_\_ 74. Avoid places for fear of having an anxiety attack  
\_\_\_ 75. Conflict avoidance  
\_\_\_ 76. Excessive fear of being judged or scrutinized by others  
\_\_\_ 77. Persistent phobias  
\_\_\_ 78. Low motivation  
\_\_\_ 79. Excessive motivation  
\_\_\_ 80. Tics (motor or vocal)  
\_\_\_ 81. Poor handwriting  
\_\_\_ 82. Quick startle  
\_\_\_ 83. Tendency to freeze in anxiety provoking situations  
\_\_\_ 84. Lacks confidence in their abilities  
\_\_\_ 85. Seems shy or timid  
\_\_\_ 86. Easily embarrassed  
\_\_\_ 87. Sensitive to criticism  
\_\_\_ 88. Bites fingernails or picks skin  
\_\_\_ 89. Short fuse or periods of extreme irritability  
\_\_\_ 90. Periods of rage with little provocation  
\_\_\_ 91. Often misinterprets comments as negative when they are not  
\_\_\_ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage  
\_\_\_ 93. Periods of spaciness or confusion  
\_\_\_ 94. Periods of panic and/or fear for no specific reason  
\_\_\_ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds  
\_\_\_ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)

- \_\_\_ 97. Sensitivity or mild paranoia
- \_\_\_ 98. Headaches or abdominal pain of uncertain origin

**Name:** \_\_\_\_\_

- \_\_\_ 99. History of a head injury or family history of violence or explosiveness
- \_\_\_ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- \_\_\_ 101. Periods of forgetfulness or memory problems

Name: \_\_\_\_\_

## Learning Disability Child/Teen Screening Questionnaire

Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person \_\_\_\_\_

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn    Parent/Other

### Reading

- \_\_\_\_\_ 1. I am a poor reader.
- \_\_\_\_\_ 2. I do not like reading.
- \_\_\_\_\_ 3. I make mistakes when reading like skipping words or lines.
- \_\_\_\_\_ 4. I read the same line twice.
- \_\_\_\_\_ 5. I have problems remembering what I read even though I have read all the words.
- \_\_\_\_\_ 6. I reverse letters when I read (such as b/d, p/q).
- \_\_\_\_\_ 7. I switch letters in words when reading (such as god and dog).
- \_\_\_\_\_ 8. My eyes hurt or water when I read.
- \_\_\_\_\_ 9. Words tend to blur when I read.
- \_\_\_\_\_ 10. Words tend to move around the page when I read.
- \_\_\_\_\_ 11. When reading I have difficulty understanding the main idea or identifying important details from a story.

### Writing

- \_\_\_\_\_ 12. I have "messy" handwriting.
- \_\_\_\_\_ 13. My work tends to be messy.
- \_\_\_\_\_ 14. I prefer print rather than writing in cursive.
- \_\_\_\_\_ 15. My letters run into each other or there is no space between words.
- \_\_\_\_\_ 16. I have trouble staying within lines.
- \_\_\_\_\_ 17. I have problems with grammar or punctuation.
- \_\_\_\_\_ 18. I am a poor speller.
- \_\_\_\_\_ 19. I have trouble copying off the board or from a page in a book.
- \_\_\_\_\_ 20. I have trouble getting thoughts from my brain to the paper.
- \_\_\_\_\_ 21. I can tell a story but cannot write it.

### Body Awareness/ Spatial Relationships

- \_\_\_\_\_ 22. I have trouble with knowing my left from my right.
- \_\_\_\_\_ 23. I have trouble keeping things within columns or coloring within lines.
- \_\_\_\_\_ 24. I tend to be clumsy, uncoordinated.
- \_\_\_\_\_ 25. I have difficulty with eye hand coordination.
- \_\_\_\_\_ 26. I have difficulty with concepts such as up, down, over or under.
- \_\_\_\_\_ 27. I tend to bump into things when walking.

### Oral Expressive language

- \_\_\_\_\_ 28. I have difficulty expressing myself in words.
- \_\_\_\_\_ 29. I have trouble finding the right word to say in conversations.
- \_\_\_\_\_ 30. I have trouble talking around a subject or getting to the point in conversations.

Name: \_\_\_\_\_

**Receptive language**

- \_\_\_ \_\_\_ 31. I have trouble keeping up or understanding what is being said in conversations.
- \_\_\_ \_\_\_ 32. I tend to misunderstand people and give the wrong answers in conversations.
- \_\_\_ \_\_\_ 33. I have trouble understanding directions people tell me.
- \_\_\_ \_\_\_ 34. I have trouble telling the direction sound is coming from.
- \_\_\_ \_\_\_ 35. I have trouble filtering out background noises.

**Math**

- \_\_\_ \_\_\_ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
- \_\_\_ \_\_\_ 37. I makes “careless mistakes” in math.
- \_\_\_ \_\_\_ 38. I tend to switch numbers around.
- \_\_\_ \_\_\_ 39. I have difficulty with word problems.

**Sequencing**

- \_\_\_ \_\_\_ 40. I have trouble getting everything in the right order when I speak.
- \_\_\_ \_\_\_ 41. I have trouble telling time.
- \_\_\_ \_\_\_ 42. I have trouble using the alphabet in order.
- \_\_\_ \_\_\_ 43. I have trouble saying the months of the year in order.

**Abstraction**

- \_\_\_ \_\_\_ 44. I have trouble understanding jokes people tell me.
- \_\_\_ \_\_\_ 45. I tend to take things too literally.

**Organization**

- \_\_\_ \_\_\_ 46. My notebook/paperwork is messy or disorganized.
- \_\_\_ \_\_\_ 47. My room is messy.
- \_\_\_ \_\_\_ 48. I tend to shove everything into my backpack, desk or closet.
- \_\_\_ \_\_\_ 49. I have multiple piles around my room.
- \_\_\_ \_\_\_ 50. I have trouble planning my time.
- \_\_\_ \_\_\_ 51. I am frequently late or in a hurry.
- \_\_\_ \_\_\_ 52. I often do not write down assignments or tasks and end up forgetting what to do.

**Memory**

- \_\_\_ \_\_\_ 53. I have trouble with my memory.
- \_\_\_ \_\_\_ 54. I remember things from long ago but not recent events.
- \_\_\_ \_\_\_ 55. It is hard for me to memorize things for school or work.
- \_\_\_ \_\_\_ 56. I know something one day but do not remember it to the next.
- \_\_\_ \_\_\_ 57. I forget what I am going to say right in the middle of saying it.
- \_\_\_ \_\_\_ 58. I have trouble following directions that have more than one or two steps.

**Social Skills**

- \_\_\_ \_\_\_ 59. I have few or no friends.
- \_\_\_ \_\_\_ 60. I have trouble reading body language or facial expressions of others.
- \_\_\_ \_\_\_ 61. My feelings are often or easily hurt.
- \_\_\_ \_\_\_ 62. I tend to get into trouble with friends, teachers, parents or bosses.
- \_\_\_ \_\_\_ 63. I feel uncomfortable around people I do not know well.
- \_\_\_ \_\_\_ 64. I am teased by others.
- \_\_\_ \_\_\_ 65. Friends do not call and ask me to do things with them.
- \_\_\_ \_\_\_ 66. I do not get together with others outside of school or work.

Name: \_\_\_\_\_

**Scotopic Sensitivity**

- \_\_\_\_\_ 67. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.
- \_\_\_\_\_ 68. I become tired, experience headaches, mood changes, feel restless or an inability to stay focused with bright or fluorescent lights.
- \_\_\_\_\_ 69. I have trouble reading words that are on white, glossy paper.
- \_\_\_\_\_ 70. When reading words or letters shift, shake, blur, move, run together, disappear or become difficult to perceive.
- \_\_\_\_\_ 71. I feel tense, tired, sleepy, or even get headaches with reading
- \_\_\_\_\_ 72. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving..

**Sensory Integration Issues**

- \_\_\_\_\_ 73. I seem to be more sensitive to the environment than others.
- \_\_\_\_\_ 74. I am more sensitive to noise than others.
- \_\_\_\_\_ 75. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing.
- \_\_\_\_\_ 76. I have unusual sensitivity to certain smells.
- \_\_\_\_\_ 77. I have unusual sensitivity to light.
- \_\_\_\_\_ 78. I am sensitive to movement or craves spinning activities?
- \_\_\_\_\_ 79. I tend to be clumsy or accident prone.





Name: \_\_\_\_\_

# Mother's Brain System Checklist

This form should be filled out by the *biological or adoptive mother on herself*, if possible. (If it is not possible please have it filled out by someone who knows her well. ) Please rate yourself on each of the symptoms listed below using the following scale. If possible have the father or other person who knows the biological mother rate her as well. List who completed this . \_\_\_\_\_

0                      1                      2                      3                      4                      NA  
Never                Rarely                Occasionally        Frequently            Very Frequently     Not Applicable/Not Known

Other    Mother

- \_\_\_ \_\_\_ 1. Fails to give close attention to details or makes careless mistakes
- \_\_\_ \_\_\_ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- \_\_\_ \_\_\_ 3. Trouble listening
- \_\_\_ \_\_\_ 4. Fails to finish things
- \_\_\_ \_\_\_ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- \_\_\_ \_\_\_ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- \_\_\_ \_\_\_ 7. Loses things
- \_\_\_ \_\_\_ 8. Easily distracted
- \_\_\_ \_\_\_ 9. Forgetful
- \_\_\_ \_\_\_ 10. Poor planning skills
- \_\_\_ \_\_\_ 11. Lack clear goals or forward thinking
- \_\_\_ \_\_\_ 12. Difficulty expressing feelings
- \_\_\_ \_\_\_ 13. Difficulty expressing empathy for others
- \_\_\_ \_\_\_ 14. Excessive daydreaming
- \_\_\_ \_\_\_ 15. Feeling bored
- \_\_\_ \_\_\_ 16. Feeling apathetic or unmotivated
- \_\_\_ \_\_\_ 17. Feeling tired, sluggish or slow moving
- \_\_\_ \_\_\_ 18. Feeling spacey or "in a fog"
- \_\_\_ \_\_\_ 19. Fidgety, restless or trouble sitting still
- \_\_\_ \_\_\_ 20. Difficulty remaining seated in situations where remaining seated is expected
- \_\_\_ \_\_\_ 21. Runs about or climbs excessively in situations in which it is inappropriate
- \_\_\_ \_\_\_ 22. Difficulty playing quietly
- \_\_\_ \_\_\_ 23. "On the go" or acts as if "driven by a motor"
- \_\_\_ \_\_\_ 24. Talks excessively
- \_\_\_ \_\_\_ 25. Blurts out answers before questions have been completed
- \_\_\_ \_\_\_ 26. Difficulty waiting turn
- \_\_\_ \_\_\_ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- \_\_\_ \_\_\_ 28. Impulsive (saying or doing things without thinking first)
- \_\_\_ \_\_\_ 29. Excessive or senseless worrying
- \_\_\_ \_\_\_ 30. Upset when things do not go your way
- \_\_\_ \_\_\_ 31. Upset when things are out of place
- \_\_\_ \_\_\_ 32. Tendency to be oppositional or argumentative
- \_\_\_ \_\_\_ 33. Tendency to have repetitive negative thoughts
- \_\_\_ \_\_\_ 34. Tendency toward compulsive behaviors
- \_\_\_ \_\_\_ 35. Intense dislike for change
- \_\_\_ \_\_\_ 36. Tendency to hold grudges
- \_\_\_ \_\_\_ 37. Trouble shifting attention from subject to subject
- \_\_\_ \_\_\_ 38. Trouble shifting behavior from task to task
- \_\_\_ \_\_\_ 39. Difficulties seeing options in situations
- \_\_\_ \_\_\_ 40. Tendency to hold on to own opinion and not listen to others
- \_\_\_ \_\_\_ 41. Tendency to get locked into a course of action, whether or not it is good .....

\_\_\_ 42. Needing to have things done a certain way or you become very upset

Name: \_\_\_\_\_

- \_\_\_ 43. Others complain that you worry too much
- \_\_\_ 44. Tend to say no without first thinking about question
- \_\_\_ 45. Tendency to predict fear
- \_\_\_ 46. Frequent feelings of sadness
- \_\_\_ 47. Moodiness
- \_\_\_ 48. Negativity
- \_\_\_ 49. Low energy
- \_\_\_ 50. Irritability
- \_\_\_ 51. Decreased interest in others
- \_\_\_ 52. Decreased interest in things that are usually fun or pleasurable
- \_\_\_ 53. Feelings of hopelessness about the future
- \_\_\_ 54. Feelings of helplessness or powerlessness
- \_\_\_ 55. Feeling dissatisfied or bored
- \_\_\_ 56. Excessive guilt
- \_\_\_ 57. Suicidal feelings
- \_\_\_ 58. Crying spells
- \_\_\_ 59. Lowered interest in things usually considered fun
- \_\_\_ 60. Sleep changes (too much or too little)
- \_\_\_ 61. Appetite changes (too much or too little)
- \_\_\_ 62. Chronic low self-esteem
- \_\_\_ 63. Negative sensitivity to smells/odors
- \_\_\_ 64. Frequent feelings of nervousness or anxiety
- \_\_\_ 65. Panic attacks
- \_\_\_ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- \_\_\_ 67. Periods of heart pounding, rapid heart rate or chest pain
- \_\_\_ 68. Periods of trouble breathing or feeling smothered
- \_\_\_ 69. Periods of feeling dizzy, faint or unsteady on your feet
- \_\_\_ 70. Periods of nausea or abdominal upset
- \_\_\_ 71. Periods of sweating, hot or cold flashes
- \_\_\_ 72. Tendency to predict the worst
- \_\_\_ 73. Fear of dying or doing something crazy
- \_\_\_ 74. Avoid places for fear of having an anxiety attack
- \_\_\_ 75. Conflict avoidance
- \_\_\_ 76. Excessive fear of being judged or scrutinized by others
- \_\_\_ 77. Persistent phobias
- \_\_\_ 78. Low motivation
- \_\_\_ 79. Excessive motivation
- \_\_\_ 80. Tics (motor or vocal)
- \_\_\_ 81. Poor handwriting
- \_\_\_ 82. Quick startle
- \_\_\_ 83. Tendency to freeze in anxiety provoking situations
- \_\_\_ 84. Lacks confidence in their abilities
- \_\_\_ 85. Seems shy or timid
- \_\_\_ 86. Easily embarrassed
- \_\_\_ 87. Sensitive to criticism
- \_\_\_ 88. Bites fingernails or picks skin
- \_\_\_ 89. Short fuse or periods of extreme irritability
- \_\_\_ 90. Periods of rage with little provocation
- \_\_\_ 91. Often misinterprets comments as negative when they are not
- \_\_\_ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- \_\_\_ 93. Periods of spaciness or confusion
- \_\_\_ 94. Periods of panic and/or fear for no specific reason

- \_\_\_ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- \_\_\_ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)

**Name:** \_\_\_\_\_

- \_\_\_ 97. Sensitivity or mild paranoia
- \_\_\_ 98. Headaches or abdominal pain of uncertain origin
- \_\_\_ 99. History of a head injury or family history of violence or explosiveness
- \_\_\_ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- \_\_\_ 101. Periods of forgetfulness or memory problems

Name: \_\_\_\_\_

# Father's Brain System Checklist

This form should be filled out by the *biological or adopted father on himself*, if possible. If it is not possible please have it filled out by someone who knows him well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the mother or other person who knows the biological father rate him as well. List who filled this out. \_\_\_\_\_

0                      1                      2                      3                      4                      NA  
Never                Rarely                Occasionally        Frequently            Very Frequently     Not Applicable/Not Known

Other    Father

- \_\_\_\_ 1. Fails to give close attention to details or makes careless mistakes
- \_\_\_\_ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- \_\_\_\_ 3. Trouble listening
- \_\_\_\_ 4. Fails to finish things
- \_\_\_\_ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- \_\_\_\_ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- \_\_\_\_ 7. Loses things
- \_\_\_\_ 8. Easily distracted
- \_\_\_\_ 9. Forgetful
- \_\_\_\_ 10. Poor planning skills
- \_\_\_\_ 11. Lack clear goals or forward thinking
- \_\_\_\_ 12. Difficulty expressing feelings
- \_\_\_\_ 13. Difficulty expressing empathy for others
- \_\_\_\_ 14. Excessive daydreaming
- \_\_\_\_ 15. Feeling bored
- \_\_\_\_ 16. Feeling apathetic or unmotivated
- \_\_\_\_ 17. Feeling tired, sluggish or slow moving
- \_\_\_\_ 18. Feeling spacey or "in a fog"
- \_\_\_\_ 19. Fidgety, restless or trouble sitting still
- \_\_\_\_ 20. Difficulty remaining seated in situations where remaining seated is expected
- \_\_\_\_ 21. Runs about or climbs excessively in situations in which it is inappropriate
- \_\_\_\_ 22. Difficulty playing quietly
- \_\_\_\_ 23. "On the go" or acts as if "driven by a motor"
- \_\_\_\_ 24. Talks excessively
- \_\_\_\_ 25. Blurts out answers before questions have been completed
- \_\_\_\_ 26. Difficulty awaiting turn
- \_\_\_\_ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- \_\_\_\_ 28. Impulsive (saying or doing things without thinking first)
- \_\_\_\_ 29. Excessive or senseless worrying
- \_\_\_\_ 30. Upset when things do not go your way
- \_\_\_\_ 31. Upset when things are out of place
- \_\_\_\_ 32. Tendency to be oppositional or argumentative
- \_\_\_\_ 33. Tendency to have repetitive negative thoughts
- \_\_\_\_ 34. Tendency toward compulsive behaviors
- \_\_\_\_ 35. Intense dislike for change
- \_\_\_\_ 36. Tendency to hold grudges
- \_\_\_\_ 37. Trouble shifting attention from subject to subject
- \_\_\_\_ 38. Trouble shifting behavior from task to task
- \_\_\_\_ 39. Difficulties seeing options in situations

- \_\_\_ 40. Tendency to hold on to own opinion and not listen to others
- \_\_\_ 41. Tendency to get locked into a course of action, whether or not it is good
- \_\_\_ 42. Needing to have things done a certain way or you become very upset

Name: \_\_\_\_\_

- \_\_\_ 43. Others complain that you worry too much
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- \_\_\_ 50. Irritability
- \_\_\_ 51. Decreased interest in others
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- \_\_\_ 53. Feelings of hopelessness about the future
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- \_\_\_ 55. Feeling dissatisfied or bored
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- \_\_\_ 85. Seems shy or timid
- \_\_\_ 86. Easily embarrassed
- \_\_\_ 87. Sensitive to criticism
- \_\_\_ 88. Bites fingernails or picks skin
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- 94. Periods of panic and/or fear for no specific reason
- 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- 96. Frequent periods of deja vu (feelings of being somewhere you have never been)

**Name:** \_\_\_\_\_

- 97. Sensitivity or mild paranoia
- 98. Headaches or abdominal pain of uncertain origin
- 99. History of a head injury or family history of violence or explosiveness
- 100. Dark thoughts, may involve suicidal or homicidal thoughts
- 101. Periods of forgetfulness or memory problems