

Adult General Symptom Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner or parent) rate you as well.

List other person _____

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

Other Self

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Feeling depressed or being in a sad mood |
| _____ | _____ | 2. Having a decreased interest in things that are usually fun, including sex |
| _____ | _____ | 3. Experiencing a significant change in weight or appetite, increased or decreased |
| _____ | _____ | 4. Having recurrent thoughts of death or suicide |
| _____ | _____ | 5. Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep |
| _____ | _____ | 6. Feeling physically agitated or of being "slowed down" |
| _____ | _____ | 7. Having feelings of low energy or tiredness |
| _____ | _____ | 8. Having feelings of worthlessness, helplessness, hopelessness or guilt |
| _____ | _____ | 9. Experiencing decreased concentration or memory |
| _____ | _____ | 10. Having periods of an elevated, high or irritable mood |
| _____ | _____ | 11. Having periods of a very high self-esteem or grandiose thinking |
| _____ | _____ | 12. Having periods of decreased need for sleep without feeling tired |
| _____ | _____ | 13. Being more talkative than usual or feeling pressure to keep talking |
| _____ | _____ | 14. Having racing thoughts or frequently jumping from one subject to another |
| _____ | _____ | 15. Being easily distracted by irrelevant things |
| _____ | _____ | 16. Having a marked increase in activity level |
| _____ | _____ | 17. Excessive involvement in pleasurable activities that have the potential for painful consequences (e.g., spending money, sexual indiscretions, gambling, foolish business ventures) |
| _____ | _____ | 18. Experiencing panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month _____) |
| _____ | _____ | 19. Having periods of trouble breathing or feeling smothered |
| _____ | _____ | 20. Having periods of feeling dizzy, faint or unsteady on your feet |
| _____ | _____ | 21. Having periods of heart pounding or rapid heart rate |
| _____ | _____ | 22. Having periods of trembling or shaking |
| _____ | _____ | 23. Having periods of sweating |
| _____ | _____ | 24. Having periods of choking |
| _____ | _____ | 25. Having periods of nausea or abdominal discomfort/trouble |
| _____ | _____ | 26. Having feelings of a situation "not being real" |
| _____ | _____ | 27. Experiencing numbness or tingling sensations |
| _____ | _____ | 28. Experiencing hot or cold flashes |
| _____ | _____ | 29. Having periods of chest pain or discomfort |
| _____ | _____ | 30. Fearing death |
| _____ | _____ | 31. Fearing going crazy or doing something out-of-control |
| _____ | _____ | 32. Avoiding everyday places for
1) fear of having a panic attack or
2) needing to go with other people in order to feel comfortable |
| _____ | _____ | 33. Excessive fearing of being judged by others, which causes you to avoid or get anxious in situations |
| _____ | _____ | 34. Experiencing persistent, excessive phobia (heights, closed spaces, specific animals, etc.) please list
_____ |
| _____ | _____ | 35. Having recurrent bothersome thoughts, ideas, or images that you try to ignore |
| _____ | _____ | 36. Having trouble getting "stuck" on certain thoughts, or having the same thought over and over |
| _____ | _____ | 37. Experiencing excessive or senseless worrying |
| _____ | _____ | 38. Others complaining that you worry too much or get "stuck" on the same thoughts |
| _____ | _____ | 39. Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling |

- ___ 40. Needing to have things done a certain way or else you become very upset
- ___ 41. Others complaining that you do the same thing over and over to an excessive degree (such as cleaning or checking)
- ___ 42. Experiencing recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.), please list _____
- ___ 43. Experiencing recurrent distressing dreams of a past upsetting event
- ___ 44. Having a sense of reliving a past upsetting event
- ___ 45. Having a sense of panic or fear of events that resemble an upsetting past event
- ___ 46. Spending effort avoiding thoughts or feelings associated with a past trauma
- ___ 47. Regularly avoiding activities/situations which cause remembrance of an upsetting event
- ___ 48. Being unable to recall an important aspect of a past upsetting event
- ___ 49. Having a marked decreased interest in important activities
- ___ 50. Feeling detached or distant from others
- ___ 51. Feeling numb or restricted in your feelings
- ___ 52. Feeling that your future is shortened
- ___ 53. Being quick to startle
- ___ 54. Feeling like you're always watching for bad things to happen
- ___ 55. Experiencing a marked physical response to events that remind you of a past upsetting event (e.g., sweating, increased pulse, etc.) when getting in a car if you had been in a car accident
- ___ 56. Being markedly more irritable or experiencing anger outbursts
- ___ 57. Having unrealistic or excessive worry in at least a couple areas of your life
- ___ 58. Trembling, twitching, or feeling shaky
- ___ 59. Experiencing muscle tension, aches, or soreness
- ___ 60. Having feelings of restlessness
- ___ 61. Becoming easily fatigued
- ___ 62. Experiencing shortness of breath or feeling smothered
- ___ 63. Experiencing a pounding or racing heartbeat
- ___ 64. Sweating or having cold, clammy hands
- ___ 65. Experiencing dry mouth
- ___ 66. Experiencing dizziness or lightheadedness
- ___ 67. Having nausea, diarrhea or other abdominal distress
- ___ 68. Having hot or cold flashes
- ___ 69. Having to urinate frequently
- ___ 70. Having trouble swallowing or feeling a "lump in your throat"
- ___ 71. Feeling keyed up or on edge
- ___ 72. Being quick to startle or feeling jumpy
- ___ 73. Finding it difficult to concentrate, or having your "mind go blank"
- ___ 74. Having trouble falling or staying asleep
- ___ 75. Experiencing irritability
- ___ 76. Having trouble sustaining attention or being easily distracted
- ___ 77. Experiencing difficulty completing projects
- ___ 78. Feeling overwhelmed by the tasks of everyday living
- ___ 79. Having trouble maintaining an organized work or living area
- ___ 80. Being inconsistent in work performance
- ___ 81. Lacking in attention to detail
- ___ 82. Making decisions impulsively
- ___ 83. Having difficulty delaying what you want, having to have your needs met immediately
- ___ 84. Feeling restless and/or fidgety
- ___ 85. Making comments to others without considering their impact
- ___ 86. Being impatient and/or easily frustrated
- ___ 87. Experiencing frequent traffic violations or near accidents
- ___ 88. Refusing to maintain body weight above a level that most people consider healthy
- ___ 89. Intensely fearing gaining weight or becoming fat even though underweight
- ___ 90. Having feelings of being fat, even though you're underweight

- ___ 91. Experiencing recurrent episodes of binge eating large amounts of food
- ___ 92. Feeling of lack of control over eating behavior
- ___ 93. Engaging in regular activities to purge binges, such as self-induced vomiting, laxatives, diuretics, strict dieting, or strenuous exercise
- ___ 94. Being over-concerned with body shape and/or weight
- ___ 95a. Experiencing involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have tics been present? _____ How often? _____
Please describe _____
- ___ 95b. Experiencing involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, or swearing). How long have tics been present? _____ How often? _____
Please describe: _____
- ___ 96. Having delusional or bizarre thoughts (thoughts you know others would think are false)
- ___ 97. Seeing objects, shadows or movements that are not real
- ___ 98. Hearing voices or sounds that are not real
- ___ 99. Experiencing periods of time where your thoughts or speech were disjointed or didn't make sense to you or others
- ___ 100. Feeling socially isolated or withdrawn
- ___ 101. Having a severely impaired ability to function at home or at work
- ___ 102. Behaving peculiarly
- ___ 103. Lacking personal hygiene or grooming
- ___ 104. Being in an inappropriate mood for a given situation (e.g., laughing at sad events)
- ___ 105. Having a marked lack of initiative
- ___ 106. Having frequent feelings that someone or something is out to hurt you or discredit you
- ___ 107. Snoring loudly (or others complaining about your snoring)
- ___ 108. Others saying that you stop breathing when you sleep
- ___ 109. Feeling fatigued or tired during the day
- ___ 110. Often feeling cold when others feel fine or they are warm
- ___ 111. Often feeling warm when others feel fine or they are cold
- ___ 112. Having problems with brittle or dry hair
- ___ 113. Having problems with dry skin
- ___ 114. Having problems with sweating
- ___ 115. Having problems with chronic anxiety or tension
- ___ 116. Having impairment in communication as manifested by at least one of the following (please check all that apply):
A delay in or total lack of the development of spoken language (not accompanied by an attempt to compensate);
In individuals with adequate speech, having a marked impairment in the ability to initiate or sustain a conversation with others;
The repetitive use of language, or the use of odd language;
A lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
- ___ 117. Having an impairment in social interaction, with at least two of the following (please circle all that apply):
A 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;
A failure to develop peer relationships appropriate to developmental level;
A lack of spontaneously seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
A lack of social or emotional reciprocity.
- ___ 118. Having repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following (please circle all that apply):
A preoccupation with an area that is abnormal either in intensity or focus;
A rigid adherence to specific, nonfunctional routines or rituals;
Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
A persistent preoccupation with parts of objects.

Brain System Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner or parent) rate you as well.

List other _____

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

Other Self

- _____ 1. Failing to give close attention to details or making careless mistakes
- _____ 2. Having trouble sustaining attention in routine situations (e.g., homework, chores, paperwork)
- _____ 3. Having trouble listening
- _____ 4. Failing to finish things
- _____ 5. Having poor organization for time or space (such as a backpack, room, desk, paperwork)
- _____ 6. Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort
- _____ 7. Losing things
- _____ 8. Being easily distracted
- _____ 9. Being forgetful
- _____ 10. Having poor planning skills
- _____ 11. Lacking clear goals or forward thinking
- _____ 12. Having difficulty expressing feelings
- _____ 13. Having difficulty expressing empathy for others
- _____ 14. Experiencing 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. Feeling fidgety, restless or trouble sitting still
- _____ 20. Having difficulty remaining seated in situations where remaining seated is expected
- _____ 21. Running about or climbing excessively in situations in which it is inappropriate
- _____ 22. Having difficulty playing quietly
- _____ 23. Being always "on the go" or acting as if "driven by a motor"
- _____ 24. Talking excessively
- _____ 25. Blurting out answers before questions have been completed
- _____ 26. Having difficulty waiting for turn
- _____ 27. Interrupting or intruding on others (e.g., butting into conversations or games)
- _____ 28. Behaving impulsively (saying or doing things without thinking first)
- _____ 29. Worrying excessively or senselessly
- _____ 30. Getting upset when things do not go your way
- _____ 31. Getting upset when things are out of place
- _____ 32. Tending to be oppositional or argumentative
- _____ 33. Tending to have repetitive negative thoughts
- _____ 34. Tending toward compulsive behaviors (i.e., things you feel you must do)
- _____ 35. Intensely disliking change
- _____ 36. Tending to hold grudges
- _____ 37. Having trouble shifting attention from subject to subject
- _____ 38. Having trouble shifting behavior from task to task
- _____ 39. Having difficulties seeing options in situations
- _____ 40. Tending to hold on to own opinion and not listen to others
- _____ 41. Tending to get locked into a course of action, whether or not it is good
- _____ 42. Needing to have things done a certain way or else becoming very upset
- _____ 43. Others complaining that you worry too much
- _____ 44. Tending to say no without first thinking about the question
- _____ 45. Tending to predict fear
- _____ 46. Experiencing frequent feelings of sadness

- ___ 47. Having feelings of moodiness
- ___ 48. Having feelings of negativity
- ___ 49. Having low energy
- ___ 50. Being irritable
- ___ 51. Having a decreased interest in other people
- ___ 52. Having a decreased interest in things that are usually fun or pleasurable
- ___ 53. Having feelings of hopelessness about the future
- ___ 54. Having feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Feeling excessive guilt
- ___ 57. Having suicidal feelings
- ___ 58. Having crying spells
- ___ 59. Having lowered interest in things that are usually considered fun
- ___ 60. Experiencing sleep changes (too much or too little)
- ___ 61. Experiencing appetite changes (too much or too little)
- ___ 62. Having chronic low self-esteem
- ___ 63. Having a negative sensitivity to smells/odors
- ___ 64. Frequently feeling nervous or anxious
- ___ 65. Experiencing panic attacks
- ___ 66. Symptoms of heightened muscle tension (such as headaches, sore muscles, hand tremors, etc.)
- ___ 67. Experiencing periods of a pounding heart, a rapid heart rate, or chest pain
- ___ 68. Experiencing periods of troubled breathing or feeling smothered
- ___ 69. Experiencing periods of dizziness, faintness, or feeling unsteady on your feet
- ___ 70. Feeling nausea or having an upset stomach
- ___ 71. Experiencing periods of sweating, hot flashes, or cold flashes
- ___ 72. Tending to predict the worst
- ___ 73. Having a fear of dying or doing something crazy
- ___ 74. Avoiding places for fear of having an anxiety attack
- ___ 75. Avoiding conflict
- ___ 76. Excessively fearing being judged or scrutinized by others
- ___ 77. Having persistent phobias
- ___ 78. Having low motivation
- ___ 79. Having excessive motivation
- ___ 80. Experiencing tics (either motor or vocal)
- ___ 81. Having poor handwriting
- ___ 82. Being quick to startle
- ___ 83. Having a tendency to freeze in anxiety-provoking situations
- ___ 84. Lacking confidence in own abilities
- ___ 85. Feeling shy or timid
- ___ 86. Being easily embarrassed
- ___ 87. Being sensitive to criticism
- ___ 88. Biting fingernails or picking at skin
- ___ 89. Having a short fuse or experiencing periods of extreme irritability
- ___ 90. Having periods of rage with little provocation
- ___ 91. Often misinterpreting comments as negative when they are not
- ___ 92. Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage
- ___ 93. Having periods of spaciness and/or confusion
- ___ 94. Experiencing periods of panic and/or fear for no specific reason
- ___ 95. Experiencing visual and/or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Having frequent periods of deja vu (that is, feelings of being somewhere you have never been)
- ___ 97. Being sensitive or mildly paranoid
- ___ 98. Experiencing headaches or abdominal pain of uncertain origin
- ___ 99. Having a history of a head injury or family history of violence or explosiveness

- ___ 100. Having dark thoughts, ones that may involve suicidal or homicidal thoughts
 ___ 101. Experiencing periods of forgetfulness or memory problems

Learning Disability
 Screening Questionnaire

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person (such as a spouse, partner or parent) rate you as well. List other person _____

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

Other Self

Reading

- ___ 1. I am a poor reader.
 ___ 2. I do not like reading.
 ___ 3. I make mistakes when reading, such as 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.

Writing

- ___ 12. I have "messy" handwriting.
 ___ 13. My work tends to be messy.
 ___ 14. I prefer to print rather than to write 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.

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 the 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 whom 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.

Scotopic Sensitivity

- ___ 67. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.

- ___ ___ 68. I become tired and/or experience headaches, mood changes, feel restless, or have 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 are other people.
- ___ ___ 74. I am more sensitive to noise than are other people.
- ___ ___ 75. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing.
- ___ ___ 76. I have an unusual sensitivity to certain smells.
- ___ ___ 77. I have an unusual sensitivity to light.
- ___ ___ 78. I am sensitive to movement or crave spinning activities.
- ___ ___ 79. I tend to be clumsy or accident-prone.