



SYMPTOM SURVEY FORM

Name: _____ DOB: _____ Date: _____

INSTRUCTIONS: Fill in only the circles which apply to you.

<ul style="list-style-type: none"> <input type="radio"/> Closed head injury <input type="radio"/> Inattention to details / make careless mistakes <input type="radio"/> Trouble sustaining attention <input type="radio"/> Poor listener when spoken to directly <input type="radio"/> Poor follow through on instructions <input type="radio"/> Difficulty organizing tasks/activities <input type="radio"/> Dislikes / avoids tasks requiring attention <input type="radio"/> Often loses necessary items <input type="radio"/> Impaired performance <input type="radio"/> Fidgets or squirms <input type="radio"/> Can't stay seated <input type="radio"/> Often "on the go" <input type="radio"/> Inappropriately runs / climbs <input type="radio"/> Can't play quietly <input type="radio"/> Talks excessively <input type="radio"/> Interrupts others <input type="radio"/> Blurts out answers prematurely <input type="radio"/> Difficulty waiting turn <input type="radio"/> Environmental Anxiety <input type="radio"/> Social Anxiety <input type="radio"/> Chronic Anxiety (more days than not) <input type="radio"/> Panic attacks <input type="radio"/> Obsessive worry <input type="radio"/> Restlessness / Keyed up <input type="radio"/> Anxiety / worry or physical symptoms cause distress <input type="radio"/> Easily Fatigued <input type="radio"/> Difficulty concentrating or mind going blank <input type="radio"/> Irritability <input type="radio"/> Muscle tension <input type="radio"/> Sleep disturbances <input type="radio"/> Problems following verbal instructions <input type="radio"/> Repetitive behavior or mental acts that are driven by obsessive thoughts <input type="radio"/> Rigid or stubborn <input type="radio"/> Hoards money in preparation of future catastrophes <input type="radio"/> Reluctant to delegate unless done your way <input type="radio"/> Unable to discard worthless or worn out objects <input type="radio"/> Inflexible regarding morals, ethics, or values <input type="radio"/> Puts work above leisure and friendships <input type="radio"/> Perfectionism interferes with task completion 	<ul style="list-style-type: none"> <input type="radio"/> Recurrent substance use in situations which are physically hazardous <input type="radio"/> Recurrent substance-related legal problems <input type="radio"/> Social or interpersonal problems related to effects of continued substance use <input type="radio"/> Trouble with social and emotional interactions with others <input type="radio"/> Trouble maintaining eye contact <input type="radio"/> Trouble understanding facial expressions <input type="radio"/> Trouble understanding body postures and gestures <input type="radio"/> Trouble understanding emotions observed <input type="radio"/> Lack of spontaneity / being spontaneous <input type="radio"/> Intense preoccupation on specific interests <input type="radio"/> Inflexible with routines and rituals <input type="radio"/> Repetitive gestures <input type="radio"/> Persistent preoccupation with parts of objects <input type="radio"/> Delay in or lack of spoken language <input type="radio"/> Impaired conversational skills <input type="radio"/> Repetitive phrases or words <input type="radio"/> Lack of creative play <input type="radio"/> Loss of interest or pleasure <input type="radio"/> Weight changes <input type="radio"/> Suicidal thoughts <input type="radio"/> Sleep problems <input type="radio"/> Restlessness or being slowed down <input type="radio"/> Fatigue or loss of energy <input type="radio"/> Decreased ability to concentrate <input type="radio"/> Excessive sleep <input type="radio"/> Difficult to initiate and maintain sleep <input type="radio"/> Sleep disturbance cause functional impairment <input type="radio"/> Sleep disturbance is not related to medications/drugs <input type="radio"/> Nightmares <input type="radio"/> Handwriting problems (age related) <input type="radio"/> Clumsiness / bad coordination <input type="radio"/> Bad balance <input type="radio"/> Poor judgment <input type="radio"/> Reactive attachment disorder <input type="radio"/> Excessive familiarity with relative strangers <input type="radio"/> Resistance to comforting / avoidance to caregiver <input type="radio"/> Spelling difficulty <input type="radio"/> Tic disorder
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<ul style="list-style-type: none"> <input type="radio"/> Preoccupied with details, rules, lists, order, organization or schedules to the extent that the major point of the activity is lost <input type="radio"/> Difficulty expressing your emotions / the proper emotion at the right time <input type="radio"/> Paranoia (insecurity, obsessive worry) <input type="radio"/> Emotional control problems <input type="radio"/> Wide range of emotions <input type="radio"/> Lack of confidence (ability and/or appearance) <input type="radio"/> Argues with authority figures <input type="radio"/> Does not follow rules <input type="radio"/> Frequently says "NO" <input type="radio"/> Blames others for mistakes or misbehavior <input type="radio"/> Loses temper often <input type="radio"/> Deliberately annoys others often <input type="radio"/> Easily annoyed <input type="radio"/> Angry or resentful <input type="radio"/> Spiteful and vindictive <input type="radio"/> Post-Traumatic Stress Disorder <input type="radio"/> Reward deficiency syndrome <input type="radio"/> Sensory integration problem <input type="radio"/> Over sensitivity to touch (fabric, tags, seams) <input type="radio"/> Sensitivity to sights (bright lights) or sounds (loud noises) <input type="radio"/> Difficulty in making transitions from one situation to another <input type="radio"/> Difficulty learning new movements <input type="radio"/> Physical clumsiness or apparent carelessness inability to unwind or calm self <input type="radio"/> Under reactivity to touch, movement, sights, or sounds <input type="radio"/> Motion Sickness (riding in cars, boats, carousels, etc.) <input type="radio"/> Activity level that is unusually high or unusually low <input type="radio"/> Delays in speech, language, or motor skills <input type="radio"/> Poor self-awareness of personal space, often invades the personal space of others and intolerant of invasion of others personal space 	<ul style="list-style-type: none"> <input type="radio"/> Short Term memory problems <input type="radio"/> Long Term memory problems <input type="radio"/> Working memory problems (required to complete routine task) <input type="radio"/> Obsessive problems <input type="radio"/> Recurrent and persistent thoughts, impulses, or images (not real life worries) causing anxiety <input type="radio"/> Seizure disorder <input type="radio"/> Stroke <input type="radio"/> Tremor <input type="radio"/> Reads below grade level <input type="radio"/> Reading deficit interferes with academic achievement or daily activities <input type="radio"/> Performs math below grade level <input type="radio"/> Difficulty reading a map or poor direction orientation <input type="radio"/> Difficulty with word recall <input type="radio"/> Difficulty expressing yourself verbally <input type="radio"/> Frequently use the wrong word <input type="radio"/> Difficulty pronouncing words <input type="radio"/> History of many physical complaints beginning before age 30 for which you have sought treatment for from which you became impaired. <input type="radio"/> Pain in at least 4 of the following areas: (Please Circle) Head, Abdomen, Back, Joints, Extremities, Chest, Rectum, Menstrual Pain, During Urination, During Sexual Intercourse <input type="radio"/> Recurring problems with at least two of the following: (Please Circle) Nausea, Bloating, Vomiting, Diarrhea, Food Intolerance <input type="radio"/> Experience at least one of the following: (Please Circle) Sexual Indifference, Rectal or Ejaculatory Dysfunction, Irregular Menses, Excessive Menstrual Bleeding, Vomiting Throughout Pregnancy <input type="radio"/> Experience at least one of the following: (Please Circle) Impaired Coordination or Balance, Paralysis or Localized Weakness, Difficulty Swallowing or Lump in Throat, Loss of Voice, Urinary Retention, Hallucinations, Loss of Sensation, Double Vision, Blindness, Deafness, Seizures, Amnesia and Loss of Consciousness (Other than Fainting)
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Please list below, your top 5 complaints you would like to address:

- 1.
- 2.
- 3.
- 4.
- 5.