

NEUROBEHAVIORAL SYMPTOM CHECKLIST

Name: _____ **DOB** _____ **Date:** _____

From time to time, everyone feels out of sorts, not themselves, nervous, depressed, irritable, or anxious. Illness and prescription medications can alter behavior, perception, and mood states as well. These questions are designed to assist you and your healthcare provider in identifying patterns of behavior and feelings that tend to affect the quality of your relationships with family and friends, performance at work, and your overall sense of well-being. By sharing this information, you participate as a partner in exploring some of the possible underlying causes of any emotional or mental discomfort you may be experiencing.

Directions:

Please check the boxes that best describe your feelings and ability to function most of the time. When answering each question, consider the degree to which your daily life is affected.

1. Over the last year, I have experienced:

- ☐ Becoming forgetful
- ☐ Lapses in memory
- ☐ Becoming less attentive
- ☐ Less interest in normal activities
- ☐ Feeling less sharp
- ☐ Difficulty remembering people's names
- ☐ Difficulty making decisions
- ☐ Problems finding the right words to communicate
- ☐ Difficulty solving routine problems
- ☐ Difficulty learning new things
- ☐ Problems writing, reading, or organizing thoughts
- ☐ Difficulty following instructions

2. I experience:

- ☐ Lack of interest in normal activities
- ☐ Loss of energy
- ☐ Oversleeping or sleepiness
- ☐ Sense of sadness for no apparent reason
- ☐ Increased appetite, especially for carbohydrates
- ☐ Fatigue
- ☐ Symptoms that usually get worse in the winter
- ☐ Weight gain or weight loss
- ☐ Difficulty concentrating and processing information, especially in the afternoon
- ☐ Diminished sexual desire

3. I frequently:

- ☐ Feel tense and have trouble relaxing
- ☐ Have headaches and other aches and pains
- ☐ Get crabby or grouchy
- ☐ Have trouble falling asleep or staying asleep
- ☐ Sweat and have hot flashes in anticipation of events
- ☐ Feel irritable or short tempered
- ☐ Have trouble letting things go
- ☐ Get angry for no apparent reason
- ☐ Women only: Get worse symptoms prior to getting my period

4. I often:

- ☐ Feel overly active and compelled to do things, like being driven by a motor
- ☐ Have difficulty relaxing and unwinding when I have time to myself
- ☐ Misplace and have difficulty finding things
- ☐ Crave caffeine and stimulants to keep me going
- ☐ Delay getting started when I have a task or work that requires a lot of thought
- ☐ Get easily distracted by activity or noise around me
- ☐ Have difficulty keeping my attention when doing boring and repetitive work
- ☐ Fidget or squirm with my hands and feet when I have to sit down for a long time
- ☐ Leave my seat in meetings or other situations in which I am expected to remain seated
- ☐ Have problems remembering appointments or obligations
- ☐ Have difficulty concentrating on what people say to me, even when they are speaking to me directly
- ☐ Move around and kick in my sleep

5. I experience:

- ☐ Waking up frequently during the night with difficulty returning to sleep
- ☐ Looking forward to catching up on my sleep on the weekends
- ☐ Taking more than 30 minutes to fall asleep at night
- ☐ Stomach problems or nausea
- ☐ Waking up repeatedly throughout the night
- ☐ Waking up groggy and not well rested
- ☐ Preferring to go to sleep later than midnight and waking up late, after 10:00 A.M.
- ☐ Preferring an early bedtime—going to sleep between 7 P.M. and 9 P.M. and waking up early, around 5:00 A.M.
- ☐ Jet lag
- ☐ Difficulty turning off my thoughts when I lay down to sleep

Additional Comments:
