



## SYMPTOM SURVEY FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

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

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| <ul style="list-style-type: none"> <li><input type="radio"/> Closed head injury</li> <li><input type="radio"/> Inattention to details / make careless mistakes</li> <li><input type="radio"/> Trouble sustaining attention</li> <li><input type="radio"/> Poor listener when spoken to directly</li> <li><input type="radio"/> Poor follow through on instructions</li> <li><input type="radio"/> Difficulty organizing tasks/activities</li> <li><input type="radio"/> Dislikes / avoids tasks requiring attention</li> <li><input type="radio"/> Often loses necessary items</li> <li><input type="radio"/> Impaired performance</li> <li><input type="radio"/> Fidgets or squirms</li> <li><input type="radio"/> Can't stay seated</li> <li><input type="radio"/> Often "on the go"</li> <li><input type="radio"/> Inappropriately runs / climbs</li> <li><input type="radio"/> Can't play quietly</li> <li><input type="radio"/> Talks excessively</li> <li><input type="radio"/> Interrupts others</li> <li><input type="radio"/> Blurts out answers prematurely</li> <li><input type="radio"/> Difficulty waiting turn</li> <li><input type="radio"/> Environmental Anxiety</li> <li><input type="radio"/> Social Anxiety</li> <li><input type="radio"/> Chronic Anxiety (more days than not)</li> <li><input type="radio"/> Panic attacks</li> <li><input type="radio"/> Obsessive worry</li> <li><input type="radio"/> Restlessness / Keyed up</li> <li><input type="radio"/> Anxiety / worry or physical symptoms cause distress</li> <li><input type="radio"/> Easily Fatigued</li> <li><input type="radio"/> Difficulty concentrating or mind going blank</li> <li><input type="radio"/> Irritability</li> <li><input type="radio"/> Muscle tension</li> <li><input type="radio"/> Sleep disturbances</li> <li><input type="radio"/> Problems following verbal instructions</li> <li><input type="radio"/> Repetitive behavior or mental acts that are driven by obsessive thoughts</li> <li><input type="radio"/> Rigid or stubborn</li> <li><input type="radio"/> Hoards money in preparation of future catastrophes</li> <li><input type="radio"/> Reluctant to delegate unless done your way</li> <li><input type="radio"/> Unable to discard worthless or worn out objects</li> <li><input type="radio"/> Inflexible regarding morals, ethics, or values</li> <li><input type="radio"/> Puts work above leisure and friendships</li> <li><input type="radio"/> Perfectionism interferes with task completion</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Recurrent substance use in situations which are physically hazardous</li> <li><input type="radio"/> Recurrent substance-related legal problems</li> <li><input type="radio"/> Social or interpersonal problems related to effects of continued substance use</li> <li><input type="radio"/> Trouble with social and emotional interactions with others</li> <li><input type="radio"/> Trouble maintaining eye contact</li> <li><input type="radio"/> Trouble understanding facial expressions</li> <li><input type="radio"/> Trouble understanding body postures and gestures</li> <li><input type="radio"/> Trouble understanding emotions observed</li> <li><input type="radio"/> Lack of spontaneity / being spontaneous</li> <li><input type="radio"/> Intense preoccupation on specific interests</li> <li><input type="radio"/> Inflexible with routines and rituals</li> <li><input type="radio"/> Repetitive gestures</li> <li><input type="radio"/> Persistent preoccupation with parts of objects</li> <li><input type="radio"/> Delay in or lack of spoken language</li> <li><input type="radio"/> Impaired conversational skills</li> <li><input type="radio"/> Repetitive phrases or words</li> <li><input type="radio"/> Lack of creative play</li> <li><input type="radio"/> Loss of interest or pleasure</li> <li><input type="radio"/> Weight changes</li> <li><input type="radio"/> Suicidal thoughts</li> <li><input type="radio"/> Sleep problems</li> <li><input type="radio"/> Restlessness or being slowed down</li> <li><input type="radio"/> Fatigue or loss of energy</li> <li><input type="radio"/> Decreased ability to concentrate</li> <li><input type="radio"/> Excessive sleep</li> <li><input type="radio"/> Difficult to initiate and maintain sleep</li> <li><input type="radio"/> Sleep disturbance cause functional impairment</li> <li><input type="radio"/> Sleep disturbance is not related to medications/drugs</li> <li><input type="radio"/> Nightmares</li> <li><input type="radio"/> Handwriting problems (age related)</li> <li><input type="radio"/> Clumsiness / bad coordination</li> <li><input type="radio"/> Bad balance</li> <li><input type="radio"/> Poor judgment</li> <li><input type="radio"/> Reactive attachment disorder</li> <li><input type="radio"/> Excessive familiarity with relative strangers</li> <li><input type="radio"/> Resistance to comforting / avoidance to caregiver</li> <li><input type="radio"/> Spelling difficulty</li> <li><input type="radio"/> Tic disorder</li> </ul> |
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- Preoccupied with details, rules, lists, order, organization or schedules to the extent that the major point of the activity is lost
- Difficulty expressing your emotions / the proper emotion at the right time
- Paranoia (insecurity, obsessive worry)
- Emotional control problems
- Wide range of emotions
- Lack of confidence (ability and/or appearance)
- Argues with authority figures
- Does not follow rules
- Frequently says "NO"
- Blames others for mistakes or misbehavior
- Loses temper often
- Deliberately annoys others often
- Easily annoyed
- Angry or resentful
- Spiteful and vindictive
- Post-Traumatic Stress Disorder
- Reward deficiency syndrome
- Sensory integration problem
- Over sensitivity to touch (fabric, tags, seams)
- Sensitivity to sights (bright lights) or sounds (loud noises)
- Difficulty in making transitions from one situation to another
- Difficulty learning new movements
- Physical clumsiness or apparent carelessness inability to unwind or calm self
- Under reactivity to touch, movement, sights, or sounds
- Motion Sickness (riding in cars, boats, carousels, etc.)
- Activity level that is unusually high or unusually low
- Delays in speech, language, or motor skills
- Poor self-awareness of personal space, often invades the personal space of others and intolerant of invasion of others personal space

- Short Term memory problems
- Long Term memory problems
- Working memory problems (required to complete routine task)
- Obsessive problems
- Recurrent and persistent thoughts, impulses, or images (not real life worries) causing anxiety
- Seizure disorder
- Stroke
- Tremor
- Reads below grade level
- Reading deficit interferes with academic achievement or daily activities
- Performs math below grade level
- Difficulty reading a map or poor direction orientation
- Difficulty with word recall
- Difficulty expressing yourself verbally
- Frequently use the wrong word
- Difficulty pronouncing words
- History of many physical complaints beginning before age 30 for which you have sought treatment for from which you became impaired.
- 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**
- Recurring problems with at least two of the following: (Please Circle) **Nausea, Bloating, Vomiting, Diarrhea, Food Intolerance**
- Experience at least one of the following: (Please Circle) **Sexual Indifference, Rectal or Ejaculatory Dysfunction, Irregular Menses, Excessive Menstrual Bleeding, Vomiting Throughout Pregnancy**
- 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)**

Please list below, your top 5 complaints you would like to address:

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

If you have ever had any head injuries in the past, please provide a brief description of the incident.  
(i.e. Head Injury during car accident in 2015, fell off bike and hit head during fall, as a child.)

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