

First Name: _____ Last Name: _____ Date: _____ Age: _____

COMMON PROBLEMS

No single question is critical. Feel free to skip items that are not significant to you.

Attention Problems	None/ Very Mild	Mild	Moderate	Severe/ Very Severe	Comments
Miss important information					
Don't listen well					
Make careless errors					
Short attention span					
Disorganized					
Procrastinate					
Easily distracted					
Difficulty staying on task					
Get bored easily					
Risk-taking behavior					
Daydream/space-out					
Low energy/sleepy in the daytime					
Difficulty making decisions					
Underachiever					
Trouble following directions					
Difficulty remembering					
Works best under pressure					
Easily frustrated					
Act before thinking/impulsive					
Can't see consequences of behavior					
Lose things					
Difficulty sitting quietly/restless					
Talk excessively/interrupts others					
Impatient					

First Name: _____ Last Name: _____ **Adult Checklist (cont'd)**

Mood/Emotions	None/ Very Mild	Mild	Moderate	Severe/ Very Severe	Comments
Grouchy, irritable					
Fearful/nervous/jumpy					
Excessive worry					
Sad or moody					
Feel hopeless/helpless					
Racing mind/mind never stops					
Easily upset/tearful					
Lose temper easily/Anger					
Spiteful/vindictive/holds grudges					
Excessively stubborn					
Lie, cheat, steal					
Blame others					
Hard to calm once triggered					
Hypervigilant					
Panic attacks					
Social anxiety					
Obsessive, compulsive (OCD)					
Apathetic/unmotivated					
Inflexible/avoids change					
Lack interest in activities					
Perfectionist					
Poor social skills					
Withdraw when stressed					
Lack empathy					
Poor self-esteem					
Loud unmodulated voice					
Eating disorder history					

First Name: _____ Last Name: _____ Adult Checklist (cont'd)

Other Cognitive Issues	None/ Very Mild	Mild	Moderate	Severe/ Very Severe	Comments
Poor memory					
Difficulty remembering names					
Dislike reading/difficulty reading					
Poor reading comprehension					
Trouble with math					
Poor handwriting					
Poor sense of direction					
Difficulty listening and taking notes					
Overwhelmed easily					
Difficulty saying what I think					
Can't summarize and explain simply					
Easily confused					
Monotone speech					
Sensitive to sound					

Chronic Pain	None/ Very Mild	Mild	Moderate	Severe/ Very Severe	Comments
Migraines/headaches					
Jaw pain					
Neuropathy					
Neck pain					
Back pain					
Sciatica					
Fibromyalgia					
Other pain (describe)					

Physical	None/ Very Mild	Mild	Moderate	Severe/ Very Severe	Comments
Food sensitivities/Allergies					
Hypoglycemia (low blood sugar)					
Reactive and sensitive to environment					
Nausea or dizziness					
Asthma					
Chronic fatigue					
Autoimmune issues					

First Name: _____ Last Name: _____ Adult Checklist (cont'd)

Physical (cont;d)	None/ Very Mild	Mild	Moderate	Severe / Very Severe	Comments
Tinnitus (ringing in ears)					
History of ear aches or sinus issues					
History of stomach complaints					
History of seizures					
Chronic constipation					
Possible mold exposure					
Poor coordination, clumsy, poor motor skills					
High blood pressure					
Diabetes					
Heart issues					
Tremors					
Poor balance					

Hormonal	NO		YES		
Hypothyroid (underactive thyroid)					
Hyperthyroid (overactive thyroid)					
	None/ Very Mild	Mild	Moderate	Severe/ Very Severe	Comments
Hot flashes or night sweats					
PMS					
Hair loss					
Low energy					
Other endocrine issues					

Sleep	None/ Very Mild	Mild	Moderate	Severe/ Very Severe	Comments
Restless sleep					
Waking with anxiety or depression					
Bad dreams or nightmares					
Excessively vivid dreams					
Sleep apnea					
History of sleepwalking					
Talking in sleep					
Teeth grinding					