SYMPTOMS QUESTIONNAIRE

Name: _____ Date: _____

In recent weeks, how much have you been bothered by the following problems?
Please mark only one circle per item.

SECTION 1	**N/A I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I lose or misplacing important items (keys, wallet, papers)	○	○	○	○	○
I forget what people tell me	○	○	○	○	○
I forget what I've read	○	○	○	○	○
I lose track of time	○	○	○	○	○
I forget what I did yesterday	○	○	○	○	○
I forget things I've just learned	○	○	○	○	○
I forget meetings/appointments	○	○	○	○	○
I forget to turn off appliances (iron, stove)	○	○	○	○	○

SECTION 2	**N/A I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I have a hard time following conversations	○	○	○	○	○
I can remember only one or two steps of instructions or directions	○	○	○	○	○
I take too long to figure out what someone is trying to tell me	○	○	○	○	○

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SECTION 3

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I have a hard time concentrating	○	○	○	○	○
I am easily distracted	○	○	○	○	○
I have a hard time concentrating in noisy environments	○	○	○	○	○
I have a hard time following conversations	○	○	○	○	○
I have a hard time concentrating on challenging tasks (for example: work or paying bills)	○	○	○	○	○

SECTION 4

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I say things without thinking	○	○	○	○	○
I do things without thinking	○	○	○	○	○
I do not follow directions	○	○	○	○	○
I dominate conversations (for example: I talk more than other people in a conversation)	○	○	○	○	○
I interrupt when others are speaking	○	○	○	○	○

SECTION 5

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
My body hurts a lot of the time	○	○	○	○	○
I don'tget enough sleep	○	○	○	○	○
I feel tired	○	○	○	○	○
I am bothered by light	○	○	○	○	○

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SECTION 5

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I have a hard time focusing my eyes	○	○	○	○	○
I have a hard time telling how near or far away objects are from me	○	○	○	○	○

SECTION 6

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I have a hard time understanding what people tell me	○	○	○	○	○
I have a hard time understanding what I've read	○	○	○	○	○
I have a hard time finding the right word when speaking	○	○	○	○	○
I have a hard time getting people to understand what I am trying to say	○	○	○	○	○
I have a hard time finding the right words when writing	○	○	○	○	○

SECTION 7

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I have a hard time keeping to a schedule	○	○	○	○	○
I have a hard time deciding which of my daily tasks I should do first	○	○	○	○	○
I have a hard time starting tasks	○	○	○	○	○
I have a hard time switching from one task to another	○	○	○	○	○
I have a hard time completing tasks	○	○	○	○	○
I have a hard time completing tasks correctly	○	○	○	○	○

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SECTION 7

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I have a hard time completing tasks on time (paying bills, work activities)	○	○	○	○	○

SECTION 8

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I have a hard time figuring out how to handle new problems	○	○	○	○	○
I have a hard time changing my mind when things change	○	○	○	○	○
I have a hard time learning new ways of doing things	○	○	○	○	○
I don't understand why people do things differently than me	○	○	○	○	○

SECTION 9

	N/A **I don't have** this problem at all	I have this problem but it **never bothers me**	**I am slightly bothered** by this problem	**I am very bothered** by this problem	**I am extremely bothered** by this problem
I feel anxious	○	○	○	○	○
I feel irritated	○	○	○	○	○
I cry easily	○	○	○	○	○
I feel depressed	○	○	○	○	○
I feel traumatized	○	○	○	○	○
I overreact to things	○	○	○	○	○

I give permission for the information I added on this form to be entered at the MINDSOURCE secured on-line web portal so I can receive information about brain injury strategies and accommodations.

Client Signature: _____ Date: _____

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