



|  |       |          |           |
|--|-------|----------|-----------|
| Problems with attention  | _____ | _____    | _____     |
| Frequency (0 - 10)   |       | Parents? | Suddenly? |
| Problems with sequencing                                       | _____ | _____    | _____     |
| Problems with prioritizing                                     | _____ | _____    | _____     |
| Problems not finishing what you start                          | _____ | _____    | _____     |
| Problems organizing your room, office, paperwork               | _____ | _____    | _____     |
| Problems with getting lost in daydreaming                      | _____ | _____    | _____     |
| You cover up that you don't know what was said or asked of you | _____ | _____    | _____     |
| <b>Energy</b>  |       |          |           |
| Problems with stamina  | _____ | _____    | _____     |
| Fatigue during the day   | _____ | _____    | _____     |
| Trouble sleeping at night                                      | _____ | _____    | _____     |
| Problems awakening at night                                    | _____ | _____    | _____     |
| Problems falling asleep again                                  | _____ | _____    | _____     |
| <b>Memory</b>  |       |          |           |
| Forget what you have just heard                                | _____ | _____    | _____     |
| Forget what you are doing, what you need to do                 | _____ | _____    | _____     |
| Problems with procrastination and lack of initiative           | _____ | _____    | _____     |
| Problems not learning from experience                          | _____ | _____    | _____     |
| <b>Movement</b>  |       |          |           |
| Problems with paralysis of one or more limbs                   | _____ | _____    | _____     |
| Problems focusing or converging the eyes                       | _____ | _____    | _____     |
| <b>Pain</b>  |       |          |           |
| Head pain that is steady                                       | _____ | _____    | _____     |
| Head pain that is throbbing                                    | _____ | _____    | _____     |
| Shoulder and neck pain   | _____ | _____    | _____     |
| Wrist pain   | _____ | _____    | _____     |
| All-over pain  | _____ | _____    | _____     |
| Joint pain   | _____ | _____    | _____     |
| Other pain _____(specify)                                      | _____ | _____    | _____     |
| <b>Other Problems</b>  |       |          |           |
| Problems with nausea   | _____ | _____    | _____     |
| Skin problems  | _____ | _____    | _____     |
| Problems with speech or articulation                           | _____ | _____    | _____     |
| Dizziness  | _____ | _____    | _____     |

Noise in ears (Tinnitus)

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