

CHANGE YOUR BRAIN, CHANGE YOUR BODY

Master Questionnaire

Including Know Your Brain Type

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, have your partner or someone who knows you well also fill it out on you.

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/known

Self Other

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | 1. | Easily distracted |
| _____ | _____ | 2. | Procrastination until I “have” to do something |
| _____ | _____ | 3. | Lacks attention to detail |
| _____ | _____ | 4. | Trouble delaying what you want, have to have your needs met immediately |
| _____ | _____ | 5. | Trouble listening |
| _____ | _____ | 6. | Feeling restless |
| _____ | _____ | 7. | Blurts out answers, interrupts frequently |
| _____ | _____ | 8. | Makes decisions impulsively |
| _____ | _____ | 9. | Excitement seeking |
| _____ | _____ | 10. | Needs caffeine, nicotine, or sugar in order to focus |
| _____ | _____ | 11. | Gets stuck on negative thoughts |
| _____ | _____ | 12. | Gets stuck on negative behaviors |
| _____ | _____ | 13. | Worries |
| _____ | _____ | 14. | Holds grudges |
| _____ | _____ | 15. | Upset when things do not go your way |
| _____ | _____ | 16. | Upset when things are out of place |
| _____ | _____ | 17. | Tendency to be oppositional or argumentative |
| _____ | _____ | 18. | Dislikes change |
| _____ | _____ | 19. | Needing to have things done a certain way or you become very upset |
| _____ | _____ | 20. | Trouble seeing options in situations |
| _____ | _____ | 21. | Feeling down |
| _____ | _____ | 22. | Feeling negative |
| _____ | _____ | 23. | Feeling dissatisfied |
| _____ | _____ | 24. | Feeling bored |
| _____ | _____ | 25. | Low energy |
| _____ | _____ | 26. | Trouble feeling joy |
| _____ | _____ | 27. | Feeling hopeless |
| _____ | _____ | 28. | Feeling moody |
| _____ | _____ | 29. | Feelings of low self-esteem |
| _____ | _____ | 30. | Feeling alone |

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- _____ 31. Feeling tense
- _____ 32. Feeling afraid
- _____ 33. Feeling nervous
- _____ 34. Tendency to predict the worst
- _____ 35. Avoid conflict
- _____ 36. Worry about being judged or criticized by others
- _____ 37. Excessive motivation, trouble stopping work
- _____ 38. Lacks confidence in abilities
- _____ 39. Watching for something bad to happen
- _____ 40. Easily startled
- _____ 41. Forgetful
- _____ 42. Memory problems
- _____ 43. Trouble remembering appointments
- _____ 44. Trouble remembering to take medications or supplements
- _____ 45. Trouble remembering things that happened recently
- _____ 46. Trouble remembering names
- _____ 47. It is hard to memorize things for school, work, or hobbies
- _____ 48. Know something one day but do not remember it the next day
- _____ 49. Forget what I am going to say right in the middle of saying it
- _____ 50. Have trouble following directions that have more than one or two steps
- _____ 51. Have trouble falling asleep
- _____ 52. Have trouble staying asleep
- _____ 53. Do not get at least seven hours of sleep a night
- _____ 54. Snores loudly or others complain about your snoring
- _____ 55. Other say you stop breathing when you sleep
- _____ 56. Feel fatigued or tired during the day
- _____ 57. Struggle with cravings, either for food, alcohol, or drugs
- _____ 58. Craving for simple carbohydrates, such as bread, pasta, cookies, or candy
- _____ 59. Mood problems tend to occur in the fall and winter months and improve in spring and summer
- _____ 60. Diet is poor and tends to be haphazard
- _____ 61. Do not exercise
- _____ 62. Put myself at risk for brain injuries, by doing such things as not wearing my seatbelt, drinking and driving, engaging in high risk sports, etc.
- _____ 63. Live under daily or chronic stress, in my home or work life
- _____ 64. Thoughts tend to be negative, worried, or angry
- _____ 65. Problems getting at least six to seven hours of sleep a night
- _____ 66. Smoke or am exposed to secondhand smoke
- _____ 67. Drink or consume more than three cups of coffee or dark sodas a day
- _____ 68. Use aspartame and/or MSG
- _____ 69. Spends time around environmental toxins, such as paint fumes, hair or nail salon fumes, or pesticides
- _____ 70. Spend more than one hour a day watching TV
- _____ 71. Spend more than one hour a day playing video games
- _____ 72. Outside of work time, spend more than one hour a day on the computer
- _____ 73. Consume more than three normal size drinks of alcohol a week

- _____ 74. Have periods of very high self esteem
- _____ 75. Have periods where I do not need to sleep and do not feel tired the next day
- _____ 76. Have periods of being excessively talkative or feel pressured to speak
- _____ 77. Have periods of racing thoughts
- _____ 78. Have dramatic mood swings
- _____ 79. Have periods of excessive energy or physical activity
- _____ 80. Have periods of excessive involvement in pleasurable activities, which have the potential for painful consequences, such as spending money, sexual indiscretions, gambling, or foolish business ventures

Answer Yes or No

- _____ 81. Are you taking blood thinners, such as aspirin, warfarin (Coumadin), Plavix, or Persantine
- _____ 82. Struggle with being overweight and/or wish to lose weight