

WHY DID YOU SEEK THE EVALUATION AT THIS TIME?

What do you want this clinic to do for your child, yourself or your family?

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY

Current medical problems/medications: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

Any history of head trauma? (describe): _____

Ever any seizures or seizure like activity? _____

Any periods of spaciness or confusion? _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc.: _____

Allergies/drug intolerances (describe): _____

Present Height _____ *Present Weight* _____

Current Stresses (please list current factors that are a source of stress in the family)

FAMILY HISTORY

Family Structure (who lives in the current household with the child, please give relationship to the child):

Current Marital Situation/Satisfaction of Parents

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.)

Natural Mother's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has mother ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Mother's alcohol/drug use history _____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

Natural Father's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has father ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Father's alcohol/drug use history _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

(If Applicable)

Step Mother or Father's History (indicate which): age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has step-mother ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Step-mother's alcohol/drug use history _____

Siblings (names, ages, problems, strengths, relationship to patient)

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

Parents attitude toward pregnancy _____

Conception--ease _____ planned _____ unplanned _____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc) _____

Birth and Postnatal period:

Birth weight ___ Length ___ Labor duration ___ Delivery: vaginal ___ C section ___ Problems _____

APGAR scores (if known) _____ Any jaundice? Yes ___ No ___ Time in hospital _____

Complications? _____

Mother's health after delivery _____

Post delivery blues ? _____ if yes, how long ? _____

Primary caretaker for child, first year _____

thereafter _____

Feeding history: breast vs bottle _____ age weaned _____ Food allergies _____

Current eating problems _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed) _____

Separations from mother and/or father: age, duration, reaction to _____

Toilet training: age reached bowel control: day _____ night _____ bladder control: day _____ night _____

methods used _____ ease _____ current function _____

Sexual development: gender identity _____

any problems _____

Physical/Sexual Abuse:

Motor development: (please write in age, parentheses are approximate normal limits)

rolls over (3-5m) _____ sit without support (5-7m) _____ crawls (5-8) _____

walks well (11-16m) _____ runs well (2y) _____ rides tricycle (3y) _____

throws ball overhand (4y) _____ current level of activity _____

fine and gross motor coordination _____ compared to peers _____

Language development: (please write in age, parentheses are approximate normal limits)
 several words besides dada, mama (1y) _____ name several objects-ball, cup (15m) _____
 3 words together--subject, verb, object (24m) _____ vocabulary _____ articulation _____
 comprehension _____ compared to peers _____
 any current problems _____

Social development: (please write in age, parentheses are approximate normal limits)
 smile (2m) _____ shy with strangers (6-10m) _____ separates from mother easily (2-3y) _____
 cooperative play with others (4y) _____
 quality of attachment to mother _____ quality of attachment to father _____
 relationships to family members _____
 early peer interactions _____
 current peer interactions _____
 special interests/hobbies _____

Behavioral/Discipline: compliance vs non-compliance _____
 lying/stealing _____ rule breaking _____ methods of discipline _____
 other problems _____

Emotional development: early temperament _____
 current personality _____
 mood _____ fears/phobias _____
 habits _____
 special objects (blankets, dolls, etc.) _____ ability to express of feelings _____

Drug/Alcohol History:

School History: current grade _____ school contact _____
 number of schools attended _____ average grades _____
 homework problems _____
 specific learning disabilities _____
 strengths _____
 what have teachers said about the child/teen _____

Please bring school report cards and any state, national or special testing that has been performed.

Overall Strengths -- as viewed by parents _____

Overall Strengths -- as viewed by the child/teen _____

Amen Child/Teen General Symptom Checklist

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Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

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

Ch/Tn Parent

- 1. depressed or sad mood
- 2. not as much interest in things that are usually fun
- 3. significant recent weight or appetite changes
- 4. recurrent thoughts of death or suicide
- 5. sleep changes, lack of sleep or marked increase in sleep
- 6. low energy or feelings of tiredness
- 7. feelings of being worthless, helpless, hopeless or guilty
- 8. plays alone or appears socially withdrawn
- 9. cries easily
- 10. negative thinking
- 11. periods of an elevated, high or irritable mood
- 12. periods of a very high self esteem or big thinking
- 13. periods of decreased need for sleep without feeling tired
- 14. more talkative than usual or feel pressure to keep talking
- 15. fast thoughts or frequent jumping from one subject to another
- 16. easily distracted by irrelevant things
- 17. marked increase in activity level
- 18. cyclic periods of angry, mean or violent behavior
- 19. periods of time where you feel intensely anxious or nervous
- 20. periods of trouble breathing or feeling smothered
- 21. periods of feeling dizzy, faint or unsteady on your feet
- 22. periods of heart pounding, fast heart rate or chest pain
- 23. periods of trembling, shaking or sweating
- 24. periods of nausea, abdominal upset or choking
- 25. intense fear of dying
- 26. lacks confidence in abilities
- 27. needs lots of reassurance
- 28. needs to be perfect
- 29. seems fearful and anxious
- 30. seems shy or timid
- 31. easily embarrassed
- 32. sensitive to criticism
- 33. bites fingernails or chews clothing
- 34. persistent refusal to go to school
- 35. excessive fear of interacting with other children or adults
- 36. persistent, excessive fear (heights, closed spaces, specific animals, etc.) please list _____
- 37. excessive anxiety concerning separation from home or from those to whom the child is attached.
- 38. recurrent bothersome thoughts, ideas or images which you try to ignore
- 39. trouble getting "stuck" on certain thoughts, or having the same thought over and over
- 40. excessive or senseless worrying
- 41. others complain that you worry too much or get "stuck" on the same thoughts
- 42. compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, cleaning, checking locks, or counting or spelling

- ___ ___ 43. needing to have things done a certain way or you become very upset
- ___ ___ 44. recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.), please list _____
- ___ ___ 45. recurrent distressing dreams of a past upsetting event
- ___ ___ 46. feelings of reliving a past upsetting event
- ___ ___ 47. spend effort avoiding thoughts or feelings related to a past trauma
- ___ ___ 48. feeling that your future is shortened
- ___ ___ 49. startle easily
- ___ ___ 50. feel like you're always watching for bad things to happen
- ___ ___ 51. refusal to maintain body weight above a level most people consider healthy
- ___ ___ 52. intense fear of gaining weight or becoming fat even though underweight
- ___ ___ 53. feelings of being fat, even though you're underweight
- ___ ___ 54. recurrent episodes of eating large amounts of food
- ___ ___ 55. a feeling of lack of control over eating behavior
- ___ ___ 56. engage in activities to eliminate excess food, such as self induced vomiting, laxatives, strict dieting or strenuous exercise
- ___ ___ 57. persistent worry with body shape and weight
- ___ ___ 58. involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? _____ How often? _____ describe _____
- ___ ___ 59. involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? _____ How often? _____ describe _____
- ___ ___ 60. repetitive, seemingly driven motor behavior (e.g., hand shaking or waving, body rocking, head banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).
- ___ ___ 61. passage of feces in inappropriate places (e.g., clothing or floor).
- ___ ___ 62. bed wetting. If present, how often? _____
- ___ ___ 63. failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.
- ___ ___ 64. delusional or bizarre thoughts (thoughts you know others would think are false)
- ___ ___ 65. visual hallucination, seeing objects or images are not really present
- ___ ___ 66. hearing voices that are not really present
- ___ ___ 67. odd behaviors
- ___ ___ 68. poor personal hygiene or grooming
- ___ ___ 69. inappropriate mood for the situation (i.e., laughing at sad events)
- ___ ___ 70. frequent feelings that someone or something is out to hurt you
- ___ ___ 71. problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others
- ___ ___ 72. multiple changes in caregivers before the age of 5
- ___ ___ 73. steals
- ___ ___ 74. bullies, threatens, or intimidates others
- ___ ___ 75. initiates physical fights
- ___ ___ 76. cruel to animals
- ___ ___ 77. force others into things they do not want to do (sexually or criminally)
- ___ ___ 80. sets fires
- ___ ___ 81. destroys property
- ___ ___ 82. break in to others home, school, car or place of business
- ___ ___ 83. lies
- ___ ___ 84. stays out at night despite parental prohibitions
- ___ ___ 85. runs away overnight
- ___ ___ 86. cuts school
- ___ ___ 87. doesn't seem sorry for hurting others
- ___ ___ 88. negative, hostile, or defiant behavior

- ___ ___ 89. loses temper
- ___ ___ 90. argues with adults
- ___ ___ 91. actively defies or refuses to comply with adults' requests or rules
- ___ ___ 92. deliberately annoys people
- ___ ___ 93. blames others for his or her mistakes or misbehavior
- ___ ___ 94. touchy or easily annoyed by others
- ___ ___ 95. angry and resentful
- ___ ___ 96. spiteful or vindictive
- ___ ___ 97. impairment in communication as manifested by at least one of the following:
- delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - repetitive use of language or odd language
 - lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- ___ ___ 98. impairment in social interaction, with at least two of the following:
- marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - failure to develop peer relationships appropriate to developmental level
 - lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - lack of social or emotional reciprocity
- ___ ___ 99. repetitive patterns of behavior, interests, and activities, as manifested by at least one of following:
- preoccupation with an area of that is abnormal either in intensity or focus
 - rigid adherence to specific, nonfunctional routines or rituals
 - repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - persistent preoccupation with parts of objects
- ___ ___ 100. stutters
- ___ ___ 101. feel tired during the day
- ___ ___ 102. feel cold when others feel fine or they are warm
- ___ ___ 103. often feel warm when others feel fine or they are cold
- ___ ___ 104. problems with brittle or dry hair
- ___ ___ 105. problems with dry skin
- ___ ___ 106. problems with sweating
- ___ ___ 107. problems with chronic anxiety or tension

Child/Teen Amen Brain System Checklist

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Please rate your child/teen on each of the symptoms listed below using the following scale. If practical and/or possible, to give us the most complete picture, have the child/teen (Ch/Tn) rate himself or herself. List who filled this out.

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

Ch/Tn Parent

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty awaiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good
- ___ ___ 42. Needing to have things done a certain way or you become very upset
- ___ ___ 43. Others complain that you worry too much
- ___ ___ 44. Tend to say no without first thinking about question
- ___ ___ 45. Tendency to predict fear
- ___ ___ 46. Frequent feelings of sadness

- ___ 47. Moodiness
- ___ 48. Negativity
- ___ 49. Low energy
- ___ 50. Irritability
- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
- ___ 62. Chronic low self-esteem
- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
- ___ 82. Quick startle
- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism
- ___ 88. Bites fingernails or picks skin
- ___ 89. Short fuse or periods of extreme irritability
- ___ 90. Periods of rage with little provocation
- ___ 91. Often misinterprets comments as negative when they are not
- ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ 93. Periods of spaciness or confusion
- ___ 94. Periods of panic and/or fear for no specific reason
- ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)
- ___ 97. Sensitivity or mild paranoia
- ___ 98. Headaches or abdominal pain of uncertain origin
- ___ 99. History of a head injury or family history of violence or explosiveness
- ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ 101. Periods of forgetfulness or memory problems

Mother's Amen Brain System Checklist

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This form should be filled out by the *biological mother on herself*, if possible. If it is not possible please have it filled out by someone who knows her well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the father or other person who knows the biological mother rate her as well. List who filled this out.

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

Other Mother

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty awaiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good
- ___ ___ 42. Needing to have things done a certain way or you become very upset
- ___ ___ 43. Others complain that you worry too much
- ___ ___ 44. Tend to say no without first thinking about question
- ___ ___ 45. Tendency to predict fear
- ___ ___ 46. Frequent feelings of sadness

- ___ ___ 47. Moodiness
- ___ ___ 48. Negativity
- ___ ___ 49. Low energy
- ___ ___ 50. Irritability
- ___ ___ 51. Decreased interest in others
- ___ ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ ___ 53. Feelings of hopelessness about the future
- ___ ___ 54. Feelings of helplessness or powerlessness
- ___ ___ 55. Feeling dissatisfied or bored
- ___ ___ 56. Excessive guilt
- ___ ___ 57. Suicidal feelings
- ___ ___ 58. Crying spells
- ___ ___ 59. Lowered interest in things usually considered fun
- ___ ___ 60. Sleep changes (too much or too little)
- ___ ___ 61. Appetite changes (too much or too little)
- ___ ___ 62. Chronic low self-esteem
- ___ ___ 63. Negative sensitivity to smells/odors
- ___ ___ 64. Frequent feelings of nervousness or anxiety
- ___ ___ 65. Panic attacks
- ___ ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ ___ 68. Periods of trouble breathing or feeling smothered
- ___ ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ ___ 70. Periods of nausea or abdominal upset
- ___ ___ 71. Periods of sweating, hot or cold flashes
- ___ ___ 72. Tendency to predict the worst
- ___ ___ 73. Fear of dying or doing something crazy
- ___ ___ 74. Avoid places for fear of having an anxiety attack
- ___ ___ 75. Conflict avoidance
- ___ ___ 76. Excessive fear of being judged or scrutinized by others
- ___ ___ 77. Persistent phobias
- ___ ___ 78. Low motivation
- ___ ___ 79. Excessive motivation
- ___ ___ 80. Tics (motor or vocal)
- ___ ___ 81. Poor handwriting
- ___ ___ 82. Quick startle
- ___ ___ 83. Tendency to freeze in anxiety provoking situations
- ___ ___ 84. Lacks confidence in their abilities
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- ___ ___ 97. Sensitivity or mild paranoia
- ___ ___ 98. Headaches or abdominal pain of uncertain origin
- ___ ___ 99. History of a head injury or family history of violence or explosiveness
- ___ ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ ___ 101. Periods of forgetfulness or memory problems

Father's Amen Brain System Checklist

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This form should be filled out by the *biological father on himself*, if possible. If it is not possible please have it filled out by someone who knows him well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the mother or other person who knows the biological father rate him as well. List who filled this out.

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known
Other	Father				
___	___	1.	Fails to give close attention to details or makes careless mistakes		
___	___	2.	Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)		
___	___	3.	Trouble listening		
___	___	4.	Fails to finish things		
___	___	5.	Poor organization for time or space (such as backpack, room, desk, paperwork)		
___	___	6.	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort		
___	___	7.	Loses things		
___	___	8.	Easily distracted		
___	___	9.	Forgetful		
___	___	10.	Poor planning skills		
___	___	11.	Lack clear goals or forward thinking		
___	___	12.	Difficulty expressing feelings		
___	___	13.	Difficulty expressing empathy for others		
___	___	14.	Excessive daydreaming		
___	___	15.	Feeling bored		
___	___	16.	Feeling apathetic or unmotivated		
___	___	17.	Feeling tired, sluggish or slow moving		
___	___	18.	Feeling spacey or "in a fog"		
___	___	19.	Fidgety, restless or trouble sitting still		
___	___	20.	Difficulty remaining seated in situations where remaining seated is expected		
___	___	21.	Runs about or climbs excessively in situations in which it is inappropriate		
___	___	22.	Difficulty playing quietly		
___	___	23.	"On the go" or acts as if "driven by a motor"		
___	___	24.	Talks excessively		
___	___	25.	Blurts out answers before questions have been completed		
___	___	26.	Difficulty awaiting turn		
___	___	27.	Interrupts or intrudes on others (e.g., butts into conversations or games)		
___	___	28.	Impulsive (saying or doing things without thinking first)		
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___	___	30.	Upset when things do not go your way		
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___	___	37.	Trouble shifting attention from subject to subject		
___	___	38.	Trouble shifting behavior from task to task		
___	___	39.	Difficulties seeing options in situations		
___	___	40.	Tendency to hold on to own opinion and not listen to others		
___	___	41.	Tendency to get locked into a course of action, whether or not it is good		
___	___	42.	Needing to have things done a certain way or you become very upset		
___	___	43.	Others complain that you worry too much		
___	___	44.	Tend to say no without first thinking about question		
___	___	45.	Tendency to predict fear		
___	___	46.	Frequent feelings of sadness		

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- ___ ___ 68. Periods of trouble breathing or feeling smothered
- ___ ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ ___ 70. Periods of nausea or abdominal upset
- ___ ___ 71. Periods of sweating, hot or cold flashes
- ___ ___ 72. Tendency to predict the worst
- ___ ___ 73. Fear of dying or doing something crazy
- ___ ___ 74. Avoid places for fear of having an anxiety attack
- ___ ___ 75. Conflict avoidance
- ___ ___ 76. Excessive fear of being judged or scrutinized by others
- ___ ___ 77. Persistent phobias
- ___ ___ 78. Low motivation
- ___ ___ 79. Excessive motivation
- ___ ___ 80. Tics (motor or vocal)
- ___ ___ 81. Poor handwriting
- ___ ___ 82. Quick startle
- ___ ___ 83. Tendency to freeze in anxiety provoking situations
- ___ ___ 84. Lacks confidence in their abilities
- ___ ___ 85. Seems shy or timid
- ___ ___ 86. Easily embarrassed
- ___ ___ 87. Sensitive to criticism
- ___ ___ 88. Bites fingernails or picks skin
- ___ ___ 89. Short fuse or periods of extreme irritability
- ___ ___ 90. Periods of rage with little provocation
- ___ ___ 91. Often misinterprets comments as negative when they are not
- ___ ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ ___ 93. Periods of spaciness or confusion
- ___ ___ 94. Periods of panic and/or fear for no specific reason
- ___ ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ ___ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)
- ___ ___ 97. Sensitivity or mild paranoia
- ___ ___ 98. Headaches or abdominal pain of uncertain origin
- ___ ___ 99. History of a head injury or family history of violence or explosiveness
- ___ ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ ___ 101. Periods of forgetfulness or memory problems

Amen Learning Disability Child/Teen Screening Questionnaire

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Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person_____

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

Ch/Tn Parent/Other

Reading

- ___ ___ 1. I am a poor reader.
- ___ ___ 2. I do not like reading.
- ___ ___ 3. I make mistakes when reading like skipping words or lines.
- ___ ___ 4. I read the same line twice.
- ___ ___ 5. I have problems remembering what I read even though I have read all the words.
- ___ ___ 6. I reverse letters when I read (such as b/d, p/q).
- ___ ___ 7. I switch letters in words when reading (such as god and dog).
- ___ ___ 8. My eyes hurt or water when I read.
- ___ ___ 9. Words tend to blur when I read.
- ___ ___ 10. Words tend to move around the page when I read.
- ___ ___ 11. When reading I have difficulty understanding the main idea or identifying important details from a story.

Writing

- ___ ___ 12. I have "messy" handwriting.
- ___ ___ 13. My work tends to be messy.
- ___ ___ 14. I prefer print rather than writing in cursive.
- ___ ___ 15. My letters run into each other or there is no space between words.
- ___ ___ 16. I have trouble staying within lines.
- ___ ___ 17. I have problems with grammar or punctuation.
- ___ ___ 18. I am a poor speller.
- ___ ___ 19. I have trouble copying off the board or from a page in a book.
- ___ ___ 20. I have trouble getting thoughts from my brain to the paper.
- ___ ___ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- ___ ___ 22. I have trouble with knowing my left from my right.
- ___ ___ 23. I have trouble keeping things within columns or coloring within lines.
- ___ ___ 24. I tend to be clumsy, uncoordinated.
- ___ ___ 25. I have difficulty with eye hand coordination.
- ___ ___ 26. I have difficulty with concepts such as up, down, over or under.
- ___ ___ 27. I tend to bump into things when walking.

Oral Expressive language

- ___ ___ 28. I have difficulty expressing myself in words.
- ___ ___ 29. I have trouble finding the right word to say in conversations.
- ___ ___ 30. I have trouble talking around a subject or getting to the point in conversations.

Receptive language

- ___ ___ 31. I have trouble keeping up or understanding what is being said in conversations.
 ___ ___ 32. I tend to misunderstand people and give the wrong answers in conversations.
 ___ ___ 33. I have trouble understanding directions people tell me.
 ___ ___ 34. I have trouble telling the direction sound is coming from.
 ___ ___ 35. I have trouble filtering out background noises.

Math

- ___ ___ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
 ___ ___ 37. I makes “careless mistakes” in math.
 ___ ___ 38. I tend to switch numbers around.
 ___ ___ 39. I have difficulty with word problems.

Sequencing

- ___ ___ 40. I have trouble getting everything in the right order when I speak.
 ___ ___ 41. I have trouble telling time.
 ___ ___ 42. I have trouble using the alphabet in order.
 ___ ___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ ___ 44. I have trouble understanding jokes people tell me.
 ___ ___ 45. I tend to take things too literally.

Organization

- ___ ___ 46. My notebook/paperwork is messy or disorganized.
 ___ ___ 47. My room is messy.
 ___ ___ 48. I tend to shove everything into my backpack, desk or closet.
 ___ ___ 49. I have multiple piles around my room.
 ___ ___ 50. I have trouble planning my time.
 ___ ___ 51. I am frequently late or in a hurry.
 ___ ___ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- ___ ___ 53. I have trouble with my memory.
 ___ ___ 54. I remember things from long ago but not recent events.
 ___ ___ 55. It is hard for me to memorize things for school or work.
 ___ ___ 56. I know something one day but do not remember it to the next.
 ___ ___ 57. I forget what I am going to say right in the middle of saying it.
 ___ ___ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- ___ ___ 59. I have few or no friends.
 ___ ___ 60. I have trouble reading body language or facial expressions of others.
 ___ ___ 61. My feelings are often or easily hurt.
 ___ ___ 62. I tend to get into trouble with friends, teachers, parents or bosses.
 ___ ___ 63. I feel uncomfortable around people I do not know well.
 ___ ___ 64. I am teased by others.
 ___ ___ 65. Friends do not call and ask me to do things with them.
 ___ ___ 66. I do not get together with others outside of school or work.

