

BRAIN CHANGE EQUALS, LIFE CHANGE

Master Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give yourself the most complete picture, have another person who knows you well (such as a spouse, lover or parent) rate you as well. List other person _____

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

- _____ 1. Trouble sustaining attention
- _____ 2. Lacks attention to detail
- _____ 3. Easily distracted
- _____ 4. Procrastination
- _____ 5. Lacks clear goals
- _____ 6. Restless
- _____ 7. Difficulty expressing empathy for others
- _____ 8. Blurts out answers before questions have been completed, interrupts frequently
- _____ 9. Impulsive (saying or doing things without thinking first)
- _____ 10. Needs caffeine or nicotine in order to focus
- _____ 11. Gets stuck on negative thoughts
- _____ 12. Worries
- _____ 13. Tendency toward compulsive or addictive behaviors
- _____ 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 sad
- _____ 22. Being negative
- _____ 23. Feeling dissatisfied
- _____ 24. Feeling bored
- _____ 25. Low energy
- _____ 26. Decreased interest in things that are usually fun or pleasurable
- _____ 27. Feelings of hopelessness, helplessness, worthlessness, or guilt
- _____ 28. Crying spells
- _____ 29. Chronic low self-esteem
- _____ 30. Social isolation
- _____ 31. Feelings of nervousness and anxiety