

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

*Use your TAB Key to navigate through document easier

- _____ 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

- _____ 32. Feelings of panic
- _____ 33. Symptoms of heightened muscle tension, such as headaches or sore muscles
- _____ 34. Tendency to predict the worst
- _____ 35. Avoid conflict
- _____ 36. Excessive fear of being judged or scrutinized by others
- _____ 37. Excessive motivation, trouble stopping working
- _____ 38. Lacks confidence in their abilities
- _____ 39. Always watching for something bad to happen
- _____ 40. Quick startle
- _____ 41. Short fuse
- _____ 42. Periods of heightened irritability
- _____ 43. Misinterprets comments as negative when they are not
- _____ 44. Frequent periods of deja vu (the feeling you have been somewhere before even though you haven't)
- _____ 45. Sensitivity or mild paranoia
- _____ 46. History of a head injury
- _____ 47. Dark thoughts, may involve suicidal or homicidal thoughts
- _____ 48. Periods of forgetfulness or memory problems
- _____ 49. Trouble finding to right word to say
- _____ 50. Unstable moods
- _____ 51. Poor handwriting
- _____ 52. Trouble maintaining an organized work area
- _____ 53. Multiple piles around the house
- _____ 54. More sensitive to noise than others
- _____ 55. Particularly sensitive to touch or tags in clothing
- _____ 56. Tend to be clumsy or accident-prone
- _____ 57. Trouble learning new information or routines
- _____ 58. Trouble keeping up in conversations
- _____ 59. Light sensitive and easily bothered by glare, sunlight, headlights or streetlights
- _____ 60. More sensitive to the environment than others
- _____ 61. Snores loudly or others complain about your snoring
- _____ 62. Other say you stop breathing when you sleep
- _____ 63. Feel fatigued or tired during the day
- _____ 64. Feel cold when others feel fine or they are warm
- _____ 65. Problems with brittle, dry hair, or thinning hair
- _____ 66. Problems with dry skin
- _____ 67. Increase in weight even with low calorie diet
- _____ 68. Chronic problems with tiredness
- _____ 69. Require excessive amounts of sleep to function properly
- _____ 70. Difficult or infrequent bowel movements
- _____ 71. Morning headaches that wear off as the day progresses
- _____ 72. Lack of motivation or mental sluggishness
- _____ 73. Feel warm when others feel fine or they are cold
- _____ 74. Night sweats or problems sweating during the day
- _____ 75. Heart palpitations
- _____ 76. Bulging eyes

- _____ 77. Inward trembling
- _____ 78. Increased pulse rate even at rest
- _____ 79. Insomnia
- _____ 80. Difficulty gaining weight
- _____ 81. Crave sweets during the day
- _____ 82. Irritable if meals are missed
- _____ 83. Depend on coffee to keep you going/started
- _____ 84. Get lightheaded if meals are missed
- _____ 85. Eating relieves fatigue
- _____ 86. Feel shaky, jittery, tremors
- _____ 87. Agitated, easily upset, nervous
- _____ 88. Poor memory, forgetful
- _____ 89. Blurred vision
- _____ 90. Decreased sex drive
- _____ 91. Decreased muscle mass and strength
- _____ 92. Loss of body hair
- _____ 93. Abdominal fat (pot belly)
- _____ 94. Decreased bone mass that may lead to osteoporosis
- _____ 95. Light sensitive and bothered by glare, sunlight, headlights or streetlights
- _____ 96. Become tired and/or experience headaches, mood changes, feel restless, or have an inability to stay focused with bright or fluorescent lights
- _____ 97. Have trouble reading words that are on white, glossy paper
- _____ 98. When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive
- _____ 99. Feel tense, tired, sleepy, or even get headaches with reading
- _____ 100. Have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving
- _____ 101. Night driving is hard
- _____ 102. Increased appetite, binge eating
- _____ 103. Winter depressions, mood problems tend to occur in the fall and winter months and recede in the spring and summer
- _____ 104. Diet is poor and tends to be haphazard.
- _____ 105. Do not exercise.
- _____ 106. Put myself at risk for brain injuries, by doing such things as not wearing my seat belt, drinking and driving, engaging in high risk sports, etc.
- _____ 107. Live under daily or chronic stress, in my home or work life.
- _____ 108. Thoughts tend to be negative, worried or angry.
- _____ 109. Problems getting at least 6-7 hours of sleep a night.
- _____ 110. Smoke or am exposed to second hand smoke.
- _____ 111. Drink or consume more than 2 cups of coffee, tea or dark sodas a day.
- _____ 112. Use aspartame and/or MSG.
- _____ 113. Around environmental toxins, such as paint fumes, hair or nail salon fumes or pesticides.
- _____ 114. Spend more than one hour a day watching TV.
- _____ 115. Spend more than one hour a day playing video games.
- _____ 116. Outside of work time, spend more than one hour a day on the computer.
- _____ 117. Have more than 3 normal size drinks of alcohol a week.

Total