

Change Your Brain, Change Your Life — Master Questionnaire

Copyright 2008 Daniel Amen, M.D.

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

other	self		other	self	
_____	_____	1. Trouble sustaining attention	_____	_____	27. Feelings of hopelessness, helplessness, worthlessness, or guilt
_____	_____	2. Lacks attention to detail	_____	_____	28. Crying spells
_____	_____	3. Easily distracted	_____	_____	29. Chronic low self-esteem
_____	_____	4. Procrastination	_____	_____	30. Social isolation
_____	_____	5. Lacks clear goals	_____	_____	31. Feelings of nervousness and anxiety
_____	_____	6. Restless	_____	_____	32. Feelings of panic
_____	_____	7. Difficulty expressing empathy for others	_____	_____	33. Symptoms of heightened muscle tension, such as headaches or sore muscles
_____	_____	8. Blurts out answers before questions have been completed, interrupts frequently	_____	_____	34. Tendency to predict the worst
_____	_____	9. Impulsive (saying or doing things without thinking first)	_____	_____	35. Avoid conflict
_____	_____	10. Needs caffeine or nicotine in order to focus	_____	_____	36. Excessive fear of being judged or scrutinized by others
_____	_____	11. Gets stuck on negative thoughts	_____	_____	37. Excessive motivation, trouble stopping working
_____	_____	12. Worries	_____	_____	38. Lacks confidence in their abilities
_____	_____	13. Tendency toward compulsive or addictive behaviors	_____	_____	39. Always watching for something bad to happen
_____	_____	14. Holds grudges	_____	_____	40. Quick startle
_____	_____	15. Upset when things do not go your way	_____	_____	41. Short fuse
_____	_____	16. Upset when things are out of place	_____	_____	42. Periods of heightened irritability
_____	_____	17. Tendency to be oppositional or argumentative	_____	_____	43. Misinterprets comments as negative when they are not
_____	_____	18. Dislikes change	_____	_____	44. Frequent periods of deja vu (the feeling you have been somewhere before even though you haven't)
_____	_____	19. Needing to have things done a certain way or you become very upset	_____	_____	45. Sensitivity or mild paranoia
_____	_____	20. Trouble seeing options in situations	_____	_____	46. History of a head injury
_____	_____	21. Feeling sad	_____	_____	47. Dark thoughts, may involve suicidal or homicidal thoughts
_____	_____	22. Being negative	_____	_____	48. Periods of forgetfulness or memory problems
_____	_____	23. Feeling dissatisfied	_____	_____	49. Trouble finding to right word to say
_____	_____	24. Feeling bored	_____	_____	50. Unstable moods
_____	_____	25. Low energy			
_____	_____	26. Decreased interest in things that are usually fun or pleasurable			

Change Your Brain, Change Your Life — Master Questionnaire

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

- | other | self | | other | self | |
|-------|------|--|-------|------|---|
| ___ | ___ | 51. Poor handwriting | ___ | ___ | 77. Inward trembling |
| ___ | ___ | 52. Trouble maintaining an organized work area | ___ | ___ | 78. Increased pulse rate even at rest |
| ___ | ___ | 53. Multiple piles around the house | ___ | ___ | 79. Insomnia |
| ___ | ___ | 54. More sensitive to noise than others | ___ | ___ | 80. Difficulty gaining weight |
| ___ | ___ | 55. Particularly sensitive to touch or tags in clothing | ___ | ___ | 81. Crave sweets during the day |
| ___ | ___ | 56. Tend to be clumsy or accident-prone | ___ | ___ | 82. Irritable if meals are missed |
| ___ | ___ | 57. Trouble learning new information or routines | ___ | ___ | 83. Depend on coffee to keep you going/started |
| ___ | ___ | 58. Trouble keeping up in conversations | ___ | ___ | 84. Get lightheaded if meals are missed |
| ___ | ___ | 59. Light sensitive and easily bothered by glare, sunlight, headlights or streetlights | ___ | ___ | 85. Eating relieves fatigue |
| ___ | ___ | 60. More sensitive to the environment than others | ___ | ___ | 86. Feel shaky, jittery, tremors |
| ___ | ___ | 61. Snores loudly or others complain about your snoring | ___ | ___ | 87. Agitated, easily upset, nervous |
| ___ | ___ | 62. Other say you stop breathing when you sleep | ___ | ___ | 88. Poor memory, forgetful |
| ___ | ___ | 63. Feel fatigued or tired during the day | ___ | ___ | 89. Blurred vision |
| ___ | ___ | 64. Feel cold when others feel fine or they are warm | ___ | ___ | 90. Decreased sex drive |
| ___ | ___ | 65. Problems with brittle, dry hair, or thinning hair | ___ | ___ | 91. Decreased muscle mass and strength |
| ___ | ___ | 66. Problems with dry skin | ___ | ___ | 92. Loss of body hair |
| ___ | ___ | 67. Increase in weight even with low calorie diet | ___ | ___ | 93. Abdominal fat (pot belly) |
| ___ | ___ | 68. Chronic problems with tiredness | ___ | ___ | 94. Decreased bone mass that may lead to osteoporosis |
| ___ | ___ | 69. Require excessive amounts of sleep to function properly | ___ | ___ | 95. Light sensitive and bothered by glare, sunlight, headlights or streetlights |
| ___ | ___ | 70. Difficult or infrequent bowel movements | ___ | ___ | 96. Become tired and/or experience headaches, mood changes, feel restless, or have an inability to stay focused with bright or fluorescent lights |
| ___ | ___ | 71. Morning headaches that wear off as the day progresses | ___ | ___ | 97. Have trouble reading words that are on white, glossy paper |
| ___ | ___ | 72. Lack of motivation or mental sluggishness | ___ | ___ | 98. When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive |
| ___ | ___ | 73. Feel warm when others feel fine or they are cold | ___ | ___ | 99. Feel tense, tired, sleepy, or even get headaches with reading |
| ___ | ___ | 74. Night sweats or problems sweating during the day | ___ | ___ | 100. Have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving |
| ___ | ___ | 75. Heart palpitations | ___ | ___ | 101. Night driving is hard |
| ___ | ___ | 76. Bulging eyes | ___ | ___ | 102. Increased appetite, binge eating |

Change Your Brain, Change Your Life — Master Questionnaire

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

other self

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