SYMPTOMS QUESTIONNAIRE

Name: _____ Date: _____

In recent weeks, how much have you been bothered by the following problems?
Please mark only one circle per item.

SECTION 1	**I do not experience** this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Losing or misplacing important items (e.g., keys, wallet, papers)	○	○	○	○	○
Forgetting what people tell me	○	○	○	○	○
Forgetting what I've read	○	○	○	○	○
Losing track of time	○	○	○	○	○
Forgetting what I did yesterday	○	○	○	○	○
Forgetting things I've just learned	○	○	○	○	○
Forgetting meetings/appointments	○	○	○	○	○
Forgetting to turn off appliances (e.g., iron, stove)	○	○	○	○	○

SECTION 2	**I do not experience** this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Trouble following conversations	○	○	○	○	○
Remembering only one or two steps when someone is giving me instructions or directions	○	○	○	○	○
Taking too long to figure out what someone is trying to tell me	○	○	○	○	○

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SECTION 3

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Difficulty concentrating	○	○	○	○	○
Easily distracted	○	○	○	○	○
Difficulty concentrating in noisy environments	○	○	○	○	○
Difficulty following conversations	○	○	○	○	○
Difficulty concentrating on challenging tasks, such as work or paying bills	○	○	○	○	○

SECTION 4

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Saying things without thinking	○	○	○	○	○
Doing things without thinking	○	○	○	○	○
Not following directions	○	○	○	○	○
Dominating conversations	○	○	○	○	○
Interrupting when others are speaking	○	○	○	○	○

SECTION 5

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Feeling physical pain	○	○	○	○	○
Getting enough sleep	○	○	○	○	○
Feeling fatigue	○	○	○	○	○
Feeling sensitive to light	○	○	○	○	○

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SECTION 5

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Focusing my eyes	○	○	○	○	○
Difficulty telling how near or far away objects are (depth perception)	○	○	○	○	○

SECTION 6

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Difficulty understanding what people tell me	○	○	○	○	○
Difficulty understanding what I've read	○	○	○	○	○
Difficulty finding the right word when speaking	○	○	○	○	○
Difficulty getting people to understand what I am trying to say	○	○	○	○	○
Difficulty writing emails, papers, etc.	○	○	○	○	○

SECTION 7

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Difficulty keeping to a schedule	○	○	○	○	○
Difficulty prioritizing tasks	○	○	○	○	○
Difficulty starting tasks	○	○	○	○	○
Difficulty switching from one task to another	○	○	○	○	○
Difficulty completing tasks	○	○	○	○	○
Difficulty completing tasks correctly	○	○	○	○	○

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SECTION 7

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Keeping up with time-sensitive tasks (e.g., bill pay, work)	○	○	○	○	○

SECTION 8

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Difficulty deciding what to do when faced with a new problem	○	○	○	○	○
Difficulty changing my mind once I've made a decision	○	○	○	○	○
Difficulty learning a new way of doing things	○	○	○	○	○
Struggling to understand why people do things differently than me	○	○	○	○	○

SECTION 9

	I do not experience this problem at all	I experience this problem but it **does not bother me**	**I am mildly bothered** by this problem	**I am moderately bothered** by this problem	**I am extremely bothered** by this problem
Feeling anxiety	○	○	○	○	○
Feeling irritation	○	○	○	○	○
Crying easily	○	○	○	○	○
Feeling depression	○	○	○	○	○
Feeling traumatized	○	○	○	○	○
Overreacting to events	○	○	○	○	○

I give permission for the information I added on this form to be entered at the MINDSOURCE secured on-line web portal so I can receive information about brain injury strategies and accommodations.

Client Signature: _____ Date: _____

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