

## Timeline for Assessment of Learning Difficulties Possibly Related to Neurological, Learning, or Psychiatric Disorders

**At this point DSS has only one counselor for this population and the recommendation is that an outside assessment be sought by students who are feeling a sense of urgency.**

Timelines for initiating the campus assessment process for students without verifying documentation may vary with case load, time of the semester, or other factors impacting the counselor's and students' schedules. During the first four to five weeks of the semester very little time is devoted to the assessment process as the counselor is busy with continuing students. However, students new to CSUF or to DSS with **acceptable documentation from an outside provider** will be scheduled for intakes and accommodations during this time.

**Those students who submit the forms listed below will see them reviewed and prioritized within three to four weeks. Those students who provide acceptably completed Disability Verification Forms will be scheduled for an intake appointment as soon as possible. Those students without acceptable documentation from an outside provider and who are assigned a higher priority will be given the earliest possible intake appointments while others will be put on a waiting list. Students may be referred to other services on campus as appropriate in lieu of an intake appointment at DSS or in conjunction with an intake appointment at DSS. This determination will be made by the counselor when reviewing the Confidential Screening Questionnaire.**

1. Visit the office for the necessary forms and return as soon as possible. The forms needed include:
  - a. Application for Services
  - b. Confidential Screening Questionnaire which must be filled out **completely.**
  - c. Disability Verification form (if applicable) to be completed by licensed professional who diagnosed or is treating a diagnosed neurological, psychological, or learning disorder.
2. Students who have a previously diagnosed learning disability must present an acceptable psycho-educational report completed by a psychologist or learning disability specialist or the results of an assessment done at a community college. It must include all subtest scores as well as index and cluster scores. The assessment must include a cognitive component using either the WAIS-III or WJ-III-Cognitive Battery and an achievement component to include the WIAT or WJ-III-Achievement.

# CONFIDENTIAL SCREENING QUESTIONNAIRE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ CWID: \_\_\_\_\_ Date: \_\_\_\_\_

Are you currently enrolled as a regularly admitted (not Extended Education) student at CSUF? \_\_\_\_\_

Please check any of the reasons that pertain to your seeking consultation:

- 1. You have been academically disqualified. \_\_\_\_\_
- 2. You are on academic probation. \_\_\_\_\_
- 3. You are having difficulty meeting your mathematics requirement. \_\_\_\_\_
- 4. You are having difficulty with the graduation writing requirement (EWP). \_\_\_\_\_
- 5. You are having difficulty keeping up with your course workload. \_\_\_\_\_

Please state in your own words, the major concerns for which you are seeking assistance.  
**(Required)**

---

---

---

---

## INSTRUCTIONS

Please take the time to accurately and completely fill out these pre-assessment forms. You will not be seen until this questionnaire is thoroughly completed. This process will be very helpful in clarifying your present concerns. You will no doubt find the exercise to be a thought provoking and informative inventory. Part of the package includes a form to obtain a sample of your writing skills, please use the prompts to start your *paragraphs*. Write out your response in longhand, do not type nor use any aids such as dictionaries or editors (machine or human) as this is an examination of your rough draft writing skills. **Please answer all questions beginning with these.**

- |   | yes | no  |
|---|-----|-----|
| 1. Do you often find yourself fidgeting or feeling restless?                | ___ | ___ |
| 2. Do you often have difficulty remaining seated when requested?            | ___ | ___ |
| 3. Do you find yourself easily distracted by extraneous stimuli?            | ___ | ___ |
| 4. Do you have difficulty awaiting your turn in games or conversations?     | ___ | ___ |
| 5. Do you often blurt out answers to questions before they are completed?   | ___ | ___ |
| 6. Do you have difficulty following through on instructions from others?    | ___ | ___ |
| 7. Do you have difficulty sustaining attention in tasks or play activities? | ___ | ___ |
| 8. Do you often shift from one uncompleted activity to another?             | ___ | ___ |
| 9. Do you often talk excessively?   | ___ | ___ |
| 10. Do you have difficulty being quiet or relaxed?                          | ___ | ___ |
| 11. Do you often interrupt or intrude upon others?                          | ___ | ___ |
| 12. Do you often find it difficult to listen to others?                     | ___ | ___ |
| 13. Do you find that you often lose or misplace things?                     | ___ | ___ |
| 14. Do you find that you often act without considering the consequences?    | ___ | ___ |

## Study Habits and Skills

1. Do you have problems with organization as in the following situations?

	yes	no
integrating information from many sources	___	___
identifying steps of a task	___	___
being prepared for class	___	___
readying material	___	___
outlining information	___	___

2. Do you experience time-management problems as in the following circumstances?

	yes	no		yes	no
going to class on time	___	___	budgeting time	___	___
completing assignments	___	___	initiating a task	___	___
keeping appointments	___	___	staying on task	___	___

3. Do you have problems with study-skills pertaining for such as the following?

	yes	no		yes	no
multiple choice tests	___	___	essay tests	___	___
library resources	___	___	highlighting	___	___
understanding assignments	___	___	note taking	___	___
outlining	___	___	oral tests	___	___

4. Are you easily distracted by any of the following?

	yes	no		yes	no
many people talking	___	___	music	___	___
movement	___	___	television	___	___
background noise	___	___	colors	___	___
internal thoughts	___	___	visuals	___	___
noise	___	___	clutter	___	___

5. Are you overly distracted when in the following circumstances?

	yes	no		yes	no
studying	___	___	in class	___	___
in social situations	___	___	during tests	___	___
before tests	___	___			

other (specify): \_\_\_\_\_

5a. Are you overly anxious or nervous when you are in the following circumstances?

	yes	no		yes	no
studying	___	___	in class	___	___
in social situations	___	___	during tests	___	___
before tests	___	___			

other (specify): \_\_\_\_\_

6. Are you easily frustrated when doing the following?

	yes	no		yes	no
learning new tasks	___	___	studying	___	___
meeting new people	___	___	taking tests	___	___

7. When you become frustrated do you seek assistance?    \_\_\_ yes    \_\_\_ no

If yes, where have you gone? \_\_\_\_\_

8. Do you often respond without thinking? \_\_\_\_ yes \_\_\_\_ no  
 If yes, give an example. \_\_\_\_\_
9. Where do you study? (describe your study environment) \_\_\_\_\_  
 \_\_\_\_\_
10. When do you study, for how long, and what dictates both of these factors? \_\_\_\_\_  
 \_\_\_\_\_
- 10a. How many hours a week on average do you spend on study? \_\_\_\_\_  
 \_\_\_\_\_
11. Describe the study techniques you use for:  
 class: \_\_\_\_\_  
 \_\_\_\_\_  
 tests: \_\_\_\_\_  
 \_\_\_\_\_
- 11a. Report your success (yes or no and explain) with using each of the following study strategies on a regular basis (i.e., more times than not). If you do not use the strategy write "NA."
- Taken a study skills class or workshop? \_\_\_\_\_  
 \_\_\_\_\_
  - Read textbook materials two or more times? \_\_\_\_\_  
 \_\_\_\_\_
  - Use the University Learning Center, Writing Center or other tutorial services? \_\_\_\_\_  
 \_\_\_\_\_
  - Study two hours for every one hour spent in class? \_\_\_\_\_  
 \_\_\_\_\_
  - Rewrite notes taken in class and embellish them with information from readings? \_\_\_\_  
 \_\_\_\_\_
  - Participate in a study group? \_\_\_\_\_  
 \_\_\_\_\_
  - Read assigned readings prior to lectures? \_\_\_\_\_  
 \_\_\_\_\_

- Use graphic or semantic organizers? \_\_\_\_\_  
\_\_\_\_\_
- Use an organizer to prioritize assignments by due dates? \_\_\_\_\_  
\_\_\_\_\_
- Study in a low-distraction, well-lit environment? \_\_\_\_\_  
\_\_\_\_\_
- Are you currently taking any substances (prescribed or otherwise) that may be interfering with your physical or mental functioning? \_\_\_\_\_  
\_\_\_\_\_

### Reading

12. Did you experience difficulty or frustration when learning to read?    yes \_\_\_            no \_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
13. Do you like to read?    yes \_\_\_            no \_\_\_    If yes, what? \_\_\_\_\_  
\_\_\_\_\_
14. Do you consider yourself a slow reader?            yes \_\_\_            no \_\_\_
15. Are you comfortable reading aloud?            yes \_\_\_            no \_\_\_
16. Is figurative language difficult to understand (analogies, metaphors, poems)?    yes \_\_\_ no \_\_\_
17. Do you have difficulty understanding the meaning of words from the context?    yes \_\_\_ no \_\_\_
18. What type of vocabulary is most difficult for you?  
technical \_\_\_    out of context \_\_\_    overall \_\_\_
19. Do you have difficulty with any of the following?
- |                                | yes | no  |                               | yes | no  |
|--------------------------------|-----|-----|-------------------------------|-----|-----|
| understanding what you read    | ___ | ___ | locating the main idea        | ___ | ___ |
| identifying supporting details | ___ | ___ | sounding out unfamiliar words | ___ | ___ |
20. Do you have difficulty using visual clues such as listed below when reading?
- |                  | yes | no  |             | yes | no  |
|------------------|-----|-----|-------------|-----|-----|
| italicized print | ___ | ___ | diagrams    | ___ | ___ |
| bold face print  | ___ | ___ | punctuation | ___ | ___ |
| tables           | ___ | ___ | columns     | ___ | ___ |
| graphs           | ___ | ___ | maps        | ___ | ___ |

21. When reading do you often do the following?

	yes	no		yes	no
reverse letters	___	___	skip lines	___	___
reverse numbers	___	___	reverse signs	___	___
confuse similar words	___	___	sub vocalize	___	___
read aloud to yourself	___	___	use pointers	___	___
add lines	___	___	omit letters	___	___
take breaks	___	___	guess words from partials	___	___

22. When reading do you experience any of the following with your eyes?

	yes	no		yes	no
blink excessively	___	___	become red and watery	___	___
squint	___	___	tire easily	___	___
feel strained	___	___	feel itchy	___	___

23. When reading do the letters or page background seem to do any of the following?

	yes	no		yes	no
become blurry or out of focus	___	___	emit flashes	___	___
rise up or float	___	___	move or jiggle	___	___
appear shadowed	___	___	flicker	___	___
merge or blend	___	___	disappear	___	___
sink in	___	___			

24. When reading how many minutes can you go before needing to take a break?

less than thirty \_\_\_      thirty to sixty \_\_\_      more than sixty \_\_\_

What prompts the break? \_\_\_\_\_

### Mathematics

25. Do/did you have problems with basic math skills, such as the following?

	yes	no		yes	no
multiplication	___	___	money	___	___
addition	___	___	managing personal accounts	___	___
subtraction	___	___	measurements	___	___
division	___	___	time	___	___
checkbook balancing	___	___			

26. Do you have difficulty sequencing steps of a task required in any of the following?

	yes	no		yes	no
addition	___	___	division	___	___
subtraction	___	___	algebra	___	___
multiplication	___	___	formulas	___	___

27. Do you have difficulty with the mathematical concepts listed in any of the following?

	yes	no		yes	no
story problems	___	___	percentages	___	___
fractions	___	___	reasoning	___	___
decimals	___	___	estimation	___	___
multiplication	___	___	3-D figures	___	___

28. Do/did you have problems remembering the multiplication tables?

\_\_\_

29. Do you often confuse math signs and symbols, for example, add instead of subtract?

\_\_\_

30. Do you have difficulty with mathematical vocabulary?

\_\_\_

31. Do you have difficulty reading and/or comprehending word problems?

\_\_\_

## Expressive Language

32. Did you experience difficulty or frustration when learning how to write? yes \_\_\_\_\_ no \_\_\_\_\_  
 If yes, describe: \_\_\_\_\_
- 
33. Do you currently experience any difficulties with handwriting such as those listed below?
- |                           | yes | no  |                                       | yes | no  |
|---------------------------|-----|-----|---------------------------------------|-----|-----|
| illegible handwriting     | ___ | ___ | mixing printing and cursive           | ___ | ___ |
| printing vs. cursive      | ___ | ___ | mixing capital and lower case letters | ___ | ___ |
| forming letters           | ___ | ___ | copying from an overhead projector    | ___ | ___ |
| copying from a book       | ___ | ___ | copying from the blackboard           | ___ | ___ |
| lettering unequal in size | ___ | ___ | writing as a slow, tedious task       | ___ | ___ |
| pressing hard on point    | ___ | ___ | hand pain or fatigue                  | ___ | ___ |
34. Do you have significant spelling problems involving any of the below?
- |                      | yes | no  |                                 | yes | no  |
|----------------------|-----|-----|---------------------------------|-----|-----|
| omitting letters     | ___ | ___ | spelling foreign language words | ___ | ___ |
| adding letters       | ___ | ___ | dividing words into syllables   | ___ | ___ |
| substituting letters | ___ | ___ | memorizing sight words          | ___ | ___ |
| reversing letters    | ___ | ___ | spelling phonetically           | ___ | ___ |
35. Do you experience problems with the mechanics of writing such as those listed below?
- |                                     | yes | no  |
|-------------------------------------|-----|-----|
| using capital letters appropriately | ___ | ___ |
| using correct grammar               | ___ | ___ |
| writing complete sentences          | ___ | ___ |
| using correct punctuation           | ___ | ___ |
36. Do you have problems with any of the following writing tasks?
- |                  | yes | no  |                  | yes | no  |
|------------------|-----|-----|------------------|-----|-----|
| business letters | ___ | ___ | job applications | ___ | ___ |
| memos            | ___ | ___ | term papers      | ___ | ___ |
| personal notes   | ___ | ___ | personal letters | ___ | ___ |
| basic forms      | ___ | ___ | essay tests      | ___ | ___ |
37. Do you use a limited vocabulary when writing? \_\_\_\_\_
38. Do you use a limited vocabulary when speaking? \_\_\_\_\_
39. Do you have problems organizing your ideas and thoughts on paper? \_\_\_\_\_
40. Do you have problems organizing your ideas when speaking? \_\_\_\_\_
41. Are your ideas incomplete in written language? \_\_\_\_\_
42. Are your ideas incomplete in spoken language? \_\_\_\_\_
43. Do you often mispronounce words when:
- |          |     |     |    |     |           |     |     |    |     |
|----------|-----|-----|----|-----|-----------|-----|-----|----|-----|
| reading? | yes | ___ | no | ___ | speaking? | yes | ___ | no | ___ |
|----------|-----|-----|----|-----|-----------|-----|-----|----|-----|
44. Do you use words inappropriately when:
- |          |     |     |    |     |           |     |     |    |     |
|----------|-----|-----|----|-----|-----------|-----|-----|----|-----|
| reading? | yes | ___ | no | ___ | speaking? | yes | ___ | no | ___ |
|----------|-----|-----|----|-----|-----------|-----|-----|----|-----|
45. Do you have problems retrieving words you know from memory when:
- |          |     |     |    |     |           |     |     |    |     |
|----------|-----|-----|----|-----|-----------|-----|-----|----|-----|
| reading? | yes | ___ | no | ___ | speaking? | yes | ___ | no | ___ |
| writing? | yes | ___ | no | ___ |           |     |     |    |     |
46. Do you express yourself more effectively as a speaker or a writer? \_\_\_\_\_
- 46a. Have you had difficulty learning a foreign language? yes \_\_\_ no \_\_\_

## Learning Style

47. Do you have problems understanding verbal (oral) information like any of the following?
- |  | yes | no  |                               | yes | no  |
|--|-----|-----|-------------------------------|-----|-----|
| relating sounds to symbols             | ___ | ___ | following verbal instructions | ___ | ___ |
| missing verbal information             | ___ | ___ | following a lecture           | ___ | ___ |
| misinterpreting what people are saying | ___ | ___ | speakers with accents         | ___ | ___ |
48. Is there a significant difference in comprehension when listening vs. reading?    yes \_\_\_ no \_\_\_
49. Which do you prefer (check one)? listening \_\_\_    reading \_\_\_
50. Do you have difficulty memorizing/committing to memory material involving any of the following circumstances?
- |          | yes | no  |           | yes | no  |
|----------|-----|-----|-----------|-----|-----|
| alphabet | ___ | ___ | numbers   | ___ | ___ |
| months   | ___ | ___ | dates     | ___ | ___ |
| concepts | ___ | ___ | sequences | ___ | ___ |
| days     | ___ | ___ | facts     | ___ | ___ |
51. Do you have trouble remembering/recalling any of the following things?
- |                  | yes | no  |              | yes | no  |
|------------------|-----|-----|--------------|-----|-----|
| formulas         | ___ | ___ | names        | ___ | ___ |
| scientific terms | ___ | ___ | faces        | ___ | ___ |
| vocabulary       | ___ | ___ | directions   | ___ | ___ |
| places           | ___ | ___ | figures      | ___ | ___ |
| numbers          | ___ | ___ | appointments | ___ | ___ |
52. Do you misinterpret things such as any of the following?
- |                    | yes | no  |          | yes | no  |
|--------------------|-----|-----|----------|-----|-----|
| facial expressions | ___ | ___ | jokes    | ___ | ___ |
| intonations        | ___ | ___ | gestures | ___ | ___ |
53. Do you have problems with direction or location, such as with the following?
- |                   | yes | no  |              | yes | no  |
|-------------------|-----|-----|--------------|-----|-----|
| north, east, etc. | ___ | ___ | left & right | ___ | ___ |
| back & forth      | ___ | ___ | up & down    | ___ | ___ |
54. How do you *prefer* to learn, please **rank order**: (#1 most preferred method to #9 least preferred)  
 reading \_\_\_    attending a lecture \_\_\_    combining books, notes, and lectures \_\_\_    audio tape \_\_\_  
 demonstration \_\_\_    manipulation/hands-on \_\_\_    watching a video \_\_\_    studying alone \_\_\_  
 studying in a group \_\_\_

## Test Taking

55. Rank order only those of the following that present difficulties in your *test taking experience*.  
 (For example, anxiety during a test may be the most problematic for you, and you would indicate that by placing a 1 after it. The next or second problematic issue might be classmate distraction, and you would indicate that by placing a 2 after it. Continue in this vein for those that are problematic and leave blank those that are not. You can number or rank as many as are relevant to indicate first, second, third, etc., *but you can use a number only once.*)
- anxiety \_\_\_    insufficient time \_\_\_    multiple choice \_\_\_    true/false \_\_\_    matching \_\_\_    fill in \_\_\_  
 short essay \_\_\_    long essay \_\_\_    calculations \_\_\_    bubbling correctly \_\_\_    spelling \_\_\_  
 grammar \_\_\_    organizing \_\_\_    memory \_\_\_    background noises \_\_\_    classmate distraction \_\_\_  
 mind wandering/daydreaming \_\_\_  
 other (specify) \_\_\_\_\_

## CONFIDENTIAL PERSONAL DATA SHEET

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Ethnic/Cultural Background \_\_\_\_\_ Languages Spoken \_\_\_\_\_  
Do you believe that language or cultural differences play a part in the difficulties you are experiencing? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Do you speak English at home? \_\_\_\_\_ How long have you been speaking English? \_\_\_\_\_  
You were referred by \_\_\_\_\_ Position/Relationship \_\_\_\_\_  
Your occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Number of hours you work per week \_\_\_\_\_ Class load: \_\_\_\_\_ units G.P.A. \_\_\_\_\_  
Major(s) \_\_\_\_\_ Class Level \_\_\_\_\_ Projected graduation date \_\_\_\_\_

### Emotional Health

Describe your life: Very happy \_\_\_\_\_ Happy \_\_\_\_\_ Average \_\_\_\_\_ Unhappy \_\_\_\_\_ Very Unhappy \_\_\_\_\_  
Describe any personal problems, in the order of their importance, which may affect your performance:  
\_\_\_\_\_  
\_\_\_\_\_

### Physical Health

Health Status: Very good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_ Explain: \_\_\_\_\_  
List chronic illnesses or disabilities: \_\_\_\_\_  
List significant child illnesses or injuries: \_\_\_\_\_  
List any health concerns you may have: \_\_\_\_\_  
List and describe purpose of current medication: \_\_\_\_\_  
List and describe purpose of past medication: \_\_\_\_\_  
**Check If You Have Problems With Any Of The Following:** Thyroid \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Depression \_\_\_\_\_ Insomnia \_\_\_\_\_  
PMS \_\_\_\_\_ TMJ \_\_\_\_\_ Hyperactivity \_\_\_\_\_ Tiredness \_\_\_\_\_ Headaches \_\_\_\_\_ Allergies \_\_\_\_\_ Auto immune diseases \_\_\_\_\_ Neurological problems \_\_\_\_\_  
**Leave Blank If You Never Use ( ) Single Check If You *INFREQUENTLY* Use (✓) Double Check If *FREQUENTLY* Use (✓✓):**  
Tobacco \_\_\_\_\_ Caffeine \_\_\_\_\_ Alcohol \_\_\_\_\_ Laxatives \_\_\_\_\_ Antacids \_\_\_\_\_ Pep pills \_\_\_\_\_ Aspirin/Tylenol \_\_\_\_\_ Tranquilizers \_\_\_\_\_  
Over the counter sleeping pills \_\_\_\_\_ Sedatives/hypnotics \_\_\_\_\_ Marijuana/Hash \_\_\_\_\_ Cocaine/Crack Amphetamines \_\_\_\_\_ PCP \_\_\_\_\_  
Heroin \_\_\_\_\_ Morphine \_\_\_\_\_ Codeine \_\_\_\_\_ Others (name) \_\_\_\_\_

### Personal data

Current living situation: Campus housing \_\_\_\_\_ Living with parents \_\_\_\_\_ Living with spouse \_\_\_\_\_  
Living alone \_\_\_\_\_ Living with children \_\_\_\_\_ Other \_\_\_\_\_  
History of learning problems in the immediate family:  
Parents            yes \_\_\_\_\_            no \_\_\_\_\_            don't know \_\_\_\_\_  
Sibling            yes \_\_\_\_\_            no \_\_\_\_\_            don't know \_\_\_\_\_  
Children          yes \_\_\_\_\_            no \_\_\_\_\_            don't know \_\_\_\_\_  
Were you adopted?    yes \_\_\_\_\_            no \_\_\_\_\_  
Number of siblings: \_\_\_\_\_ Your birth order: \_\_\_\_\_  
**Handedness:** right handed \_\_\_\_\_ left handed \_\_\_\_\_ ambidextrous \_\_\_\_\_  
**Rate, relative to your peers, the following:**

Eye-hand coordination: weak \_\_\_\_\_ average \_\_\_\_\_ strong \_\_\_\_\_ Gross motor coordination: weak \_\_\_\_\_ average \_\_\_\_\_ strong \_\_\_\_\_

## Educational Background

Source of most recent diagnosis as a student with learning disabilities/differences, AD/HD, or mental health disorders:

High School/Special Ed: \_\_\_ Physician: \_\_\_ Dept. of Rehabilitation: \_\_\_ College evaluation: \_\_\_

Private evaluation: \_\_\_ Mental Health Practitioner: \_\_\_ Never previously diagnosed: \_\_\_

Note any special assistance you received (when, grade, description, effect or result):

Special education/resource classes: \_\_\_\_\_

Tutorial: \_\_\_\_\_

Sensory-motor integration therapy: \_\_\_\_\_

Drug therapy (e.g. Ritalin or antidepressants): \_\_\_\_\_

Controlled diet: \_\_\_\_\_

Vision therapy: \_\_\_\_\_

Speech therapy: \_\_\_\_\_

Language therapy: \_\_\_\_\_

Counseling: \_\_\_\_\_

Have you used any of the following compensatory strategies? yes      no

Vocalize (read aloud or sub-vocally) when reading or during lectures	___	___		___	___
Read only the beginning and/or the ending of paragraphs or chapters	___	___		___	___
Have others summarize books or relate information	___	___		___	___
Have techniques to avoid school work or just not do it	___	___		___	___
Have others edit reports or written work	___	___		___	___
Have parents or friends help with homework	___	___		___	___
Use a dictionary when reading or writing	___	___		___	___

	yes	no			
Have you read an entire book	___	___	Dictate reports	___	___
Have others read books to you	___	___	Use Cliff Notes	___	___
Avoid text books or outside reading	___	___	Rarely take notes	___	___

### Visual History

Last examination date: \_\_\_\_\_ By whom \_\_\_\_\_ Findings \_\_\_\_\_

	yes	no		yes	no
glasses or contacts	___	___	amblyopia (lazy eye)	___	___
vision training	___	___	vision problems worsened	___	___
near sighted	___	___	strabismus	___	___
eye surgery	___	___	astigmatism	___	___
far sighted	___	___	prism	___	___
eye patch	___	___	Irlen Lenses (scotopic sensitivity)	___	___

### Audiological History

Last examination date: \_\_\_\_\_ By whom \_\_\_\_\_ Findings \_\_\_\_\_

	yes	no
Do you have a history of ear infections?	___	___
Do words sound mumbled to you?	___	___
Is it harder to hear people when they turn their back to you?	___	___
Do you watch people's lips when they talk?	___	___
Does listening take energy and effort?	___	___
Is it harder to listen on the phone?	___	___
Do you say "what, huh, what did you say, or pardon me" very often?	___	___
Is it harder to hear with background noise present?	___	___
When asked a question are your answers often off target (people look at you strangely)?	___	___

### Neurological History

Have you had any of the following problems/illnesses/conditions?

	yes	no		yes	no		yes	no
epilepsy or any seizures	___	___	neuropathologies	___	___	strokes	___	___
closed or open head trauma	___	___	concussions	___	___	meningitis	___	___
unconsciousness or near drowning	___	___	encephalitis	___	___	brain surgery	___	___

SELF-RATING CHECKLIST

Please rate the degree to which you have been experiencing the following problems during the PAST WEEK by making an "X" across each of the following lines:

	Not a problem											Very severe problem
1. Anxiety	0	1	2	3	4	5	6	7	8	9	10	
2. Depression	0	1	2	3	4	5	6	7	8	9	10	
3. Disturbing thoughts	0	1	2	3	4	5	6	7	8	9	10	
4. Fears/fearfulness	0	1	2	3	4	5	6	7	8	9	10	
5. Angry outbursts (temper)	0	1	2	3	4	5	6	7	8	9	10	
6. Eating problems	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												
7. Sleep problems	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												
8. Fatigue	0	1	2	3	4	5	6	7	8	9	10	
9. Sexual problems	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												
10. Alcohol and/or drug problems	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												
11. Stress	0	1	2	3	4	5	6	7	8	9	10	

	Not a problem											Very severe problem
12. Work/school problems												
	0	1	2	3	4	5	6	7	8	9	10	
13. Family problems												
	0	1	2	3	4	5	6	7	8	9	10	
14. Child-rearing problems												
	0	1	2	3	4	5	6	7	8	9	10	
15. Problems getting along w/others												
	0	1	2	3	4	5	6	7	8	9	10	
16. Violence												
	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												

17. Health problems												
	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												

18. Legal problems												
	0	1	2	3	4	5	6	7	8	9	10	
19. Financial problems												
	0	1	2	3	4	5	6	7	8	9	10	
20. Other problem												
	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												

21. Other problem												
	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												

22. Other problem												
	0	1	2	3	4	5	6	7	8	9	10	
Specify _____												

Please circle the numbers of *UP TO THREE* problems that you consider to be your MAIN problem(s).

## BEHAVIOR CHECKLIST

Below is a list of problems and behaviors that some patients have. Beside each item indicate how much of a problem each one is for you in *your* opinion.

	Not at all	Just a little	Pretty much	Very much
1. Physical restlessness				
2. Mental restlessness				
3. Easily distracted				
4. Impatient				
5. "Hot" or explosive temper				
6. Unpredictable behavior				
7. Difficulty completing tasks				
8. Shifting from one task to another				
9. Difficulty sustaining attention				
10. Impulsive				
11. Talks too much				
12. Difficulty doing tasks alone				
13. Often interrupts others				
14. Doesn't appear to listen to others				
15. Loses a lot of things				
16. Forgets to do things				
17. Engages in physically daring activities				
18. Always on the go, as if driven by a motor				

PHYSICAL COMPLAINTS CHECKLIST

Below is a list of symptoms that some people have. Beside each item indicate how often each is a problem for you.

	Never	Less than 4 times/yr.	Less than once/mo.	Less than once/week	1-3 times/wk	Nearly daily
1. Headaches						
2. Trouble sleeping						
3. Irritable, nervous						
4. Stomach upset						
5. Aches and pains (not backache)						
6. Backache						
7. Rapid heartbeat						
8. Dizziness/light headedness						
9. Vomiting, nausea						
10. Diarrhea						
11. Constipation						
12. Weakness						
13. Tired during the day						
14. Poor appetite						
15. Blurred vision						
16. Dry mouth						
17. Confusion						

(c) 1991 by The Guilford Press. A Division of Guilford Publications, Inc. This form may be reproduced for personal use.

## Adult Symptom Checklist

Please rate yourself on each symptoms listed below on a scale from 0 - 4.

In rating yourself, please use the following scale:

0-----1-----2-----3-----4  
Never Rarely Occasionally Frequently Very Frequently

- \_\_\_\_\_ 1. depressed or sad mood
- \_\_\_\_\_ 2. decreased interest in things that are usually fun, including sex
- \_\_\_\_\_ 3. significant weight gain or weight loss, or marked appetite changes, either increased or decreased
- \_\_\_\_\_ 4. recurrent thoughts of death or suicide
- \_\_\_\_\_ 5. sleep changes, lack of sleep or marked increase in sleep
- \_\_\_\_\_ 6. physically agitated or "slowed down"
- \_\_\_\_\_ 7. low energy or feelings of tiredness
- \_\_\_\_\_ 8. feelings of worthlessness, helplessness, hopelessness or guilt
- \_\_\_\_\_ 9. decreased concentration or memory
- \_\_\_\_\_ 10. periods of elevated, high or irritable mood
- \_\_\_\_\_ 11. periods of a very high self esteem or grandiose thinking
- \_\_\_\_\_ 12. periods of decreased need for sleep without feeling tired
- \_\_\_\_\_ 13. more talkative than usual or pressure to keep talking
- \_\_\_\_\_ 14. racing thoughts or frequent jumping from one subject to another
- \_\_\_\_\_ 15. easily distracted by irrelevant things
- \_\_\_\_\_ 16. marked increase in activity level
- \_\_\_\_\_ 17. excessive involvement in pleasurable activities which have the potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business ventures)
- \_\_\_\_\_ 18. panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month \_\_\_\_\_)
- \_\_\_\_\_ 19. periods of trouble breathing or feeling smothered
- \_\_\_\_\_ 20. periods of feeling dizzy, faint or unsteady on your feet
- \_\_\_\_\_ 21. periods of heart pounding or rapid heart rate
- \_\_\_\_\_ 22. periods of trembling or shaking
- \_\_\_\_\_ 23. periods of sweating
- \_\_\_\_\_ 24. periods choking
- \_\_\_\_\_ 25. periods of nausea or abdominal upset
- \_\_\_\_\_ 26. feeling a situation of "not being real"

0-----1-----2-----3-----4  
**Never**                      **Rarely**                      **Occasionally**                      **Frequently**                      **Very Frequently**

- \_\_\_\_\_ 27. numbness or tingling sensations
- \_\_\_\_\_ 28. hot or cold flashes
- \_\_\_\_\_ 29. periods of chest pain or discomfort
- \_\_\_\_\_ 30. fear of dying
- \_\_\_\_\_ 31. fear of going crazy or doing something uncontrolled
- \_\_\_\_\_ 32. avoiding everyday places for fear of having a panic attack or having to go with others in order to feel comfortable
- \_\_\_\_\_ 33. excessive fear of being judged or scrutinized by other people which causes you to avoid or panic in everyday situations
- \_\_\_\_\_ 34. persistent, excessive phobia (fear of heights, closed spaces, specific animals, etc.) please list \_\_\_\_\_
- \_\_\_\_\_ 35. recurrent bothersome thoughts, ideas or images which you try to ignore
- \_\_\_\_\_ 36. trouble getting "stuck" on certain thoughts, or having the same thought over and over
- \_\_\_\_\_ 37. excessive or senseless worrying
- \_\_\_\_\_ 38. others complain that you worry too much or get "stuck" on the same thoughts
- \_\_\_\_\_ 39. compulsive behaviors that you must do to avoid feeling very anxious, such as excessive hand washing, checking locks, or counting or spelling
- \_\_\_\_\_ 40. needing to have things done a certain way to avoid becoming very upset
- \_\_\_\_\_ 41. others complain that you do the same thing over and over to an excessive degree (such as cleaning or checking)
- \_\_\_\_\_ 42. recurrent and upsetting thoughts of a past traumatic event that you witnessed or experienced (molestation, death of other, accident, fire, etc.), please list \_\_\_\_\_
- \_\_\_\_\_ 43. recurrent distressing dreams of a past traumatic event
- \_\_\_\_\_ 44. a sense of reliving (flashback) of a past upsetting event
- \_\_\_\_\_ 45. a response of panic or fear to events that resemble a past upsetting event
- \_\_\_\_\_ 46. you spend effort avoiding thoughts or feelings associated with a past trauma
- \_\_\_\_\_ 47. persistent avoidance of activities or situations that cause you to remember a past or upsetting event.
- \_\_\_\_\_ 48. inability to recall an important aspect of past upsetting event
- \_\_\_\_\_ 49. marked decreased interest in important activities
- \_\_\_\_\_ 50. feeling detached or distant from others
- \_\_\_\_\_ 51. feeling numb or restricted in your feelings

0-----1-----2-----3-----4  
**Never**                      **Rarely**                      **Occasionally**                      **Frequently**                      **Very Frequently**

- \_\_\_\_\_ 52. feeling that your future is shortened
- \_\_\_\_\_ 53. quick startle
- \_\_\_\_\_ 54. feel like you're always watching for bad things to happen
- \_\_\_\_\_ 55. marked physical response to events that remind you of a past upsetting event, i.e., sweating when getting in a car if you had been in a car accident
- \_\_\_\_\_ 56. marked irritability or anger outbursts
- \_\_\_\_\_ 57. unrealistic or excessive worry in at least a couple areas of your life
- \_\_\_\_\_ 58. trembling, twitching or feeling shaky
- \_\_\_\_\_ 59. muscle tension, aches or soreness
- \_\_\_\_\_ 60. feelings of restlessness
- \_\_\_\_\_ 61. easily fatigued
- \_\_\_\_\_ 62. shortness of breath or feeling smothered
- \_\_\_\_\_ 63. heart pounding or racing
- \_\_\_\_\_ 64. sweating or cold clammy hands
- \_\_\_\_\_ 65. dry mouth
- \_\_\_\_\_ 66. dizziness or lightheadedness
- \_\_\_\_\_ 67. nausea, diarrhea or other abdominal distress
- \_\_\_\_\_ 68. hot or cold flashes
- \_\_\_\_\_ 69. frequent urination
- \_\_\_\_\_ 70. trouble swallowing or "lump in throat"
- \_\_\_\_\_ 71. feeling keyed up or on edge
- \_\_\_\_\_ 72. quick startle response or feeling jumpy
- \_\_\_\_\_ 73. difficult concentrating or "mind going blank"
- \_\_\_\_\_ 74. trouble falling or staying asleep
- \_\_\_\_\_ 75. irritability
- \_\_\_\_\_ 76. trouble sustaining attention or being easily distracted
- \_\_\_\_\_ 77. difficulty completing projects
- \_\_\_\_\_ 78. feeling overwhelmed of the tasks of every day living
- \_\_\_\_\_ 79. trouble maintaining an organized work or living area
- \_\_\_\_\_ 80. inconsistent work performance
- \_\_\_\_\_ 81. lacking attention to detail
- \_\_\_\_\_ 82. make decisions impulsively
- \_\_\_\_\_ 83. difficulty delaying what you want, having to have your needs met immediately

0-----1-----2-----3-----4  
**Never**                      **Rarely**                      **Occasionally**                      **Frequently**                      **Very Frequently**

- \_\_\_\_\_ 84. restless, fidgety
- \_\_\_\_\_ 85. make comments to others without considering their impact
- \_\_\_\_\_ 86. impatient, easily frustrated
- \_\_\_\_\_ 87. frequent traffic violations or near accidents
- \_\_\_\_\_ 88. refusal to maintain body weight above a level most people consider healthy
- \_\_\_\_\_ 89. intense fear of gaining weight or becoming fat even though underweight
- \_\_\_\_\_ 90. feelings of being fat, even though you're underweight
- \_\_\_\_\_ 91. recurrent episodes of binge eating large amounts of food
- \_\_\_\_\_ 92. a feeling of lack of control over eating behavior
- \_\_\_\_\_ 93. engage in regular activities to purge binges, such as self induced vomiting, laxatives, diuretics, strict dieting or strenuous exercise
- \_\_\_\_\_ 94. persistent over concern with body shape and weight
- \_\_\_\_\_ 95. involuntary physical movement or vocal tics
- \_\_\_\_\_ 96. delusional or bizarre thoughts (thoughts you know others would think are false)
- \_\_\_\_\_ 97. seeing objects, shadows or movements that are not real
- \_\_\_\_\_ 98. hearing voices or sounds that are not real
- \_\_\_\_\_ 100. social isolation or withdrawal
- \_\_\_\_\_ 101. severely impaired ability to function at home or at work
- \_\_\_\_\_ 102. peculiar behaviors
- \_\_\_\_\_ 103. lack of personal hygiene or grooming
- \_\_\_\_\_ 104. inappropriate mood for the situation (i.e., laughing at sad events)
- \_\_\_\_\_ 105. marked lack of initiative
- \_\_\_\_\_ 106. frequent feelings that someone or something is out to hurt you or discredit you
- \_\_\_\_\_ 107. periods of extreme irritability, physical or verbal aggression or rage with little provocation
- \_\_\_\_\_ 108. periods of confusion
- \_\_\_\_\_ 109. periods of spaciness or missing brief periods of time
- \_\_\_\_\_ 110. periods of fearfulness for no apparent reason
- \_\_\_\_\_ 111. periods of deja vu (the feeling that you've been or experienced something before even though you never have)
- \_\_\_\_\_ 112. periods of unusual visual (seeing) or auditory (hearing) sensations or illusions
- \_\_\_\_\_ 113. periods of forgetfulness or memory problems

