

THE AMEN CLINIC FOR BEHAVIORAL MEDICINE, INC., *A Medical Clinic*

Main office: 350 Chadbourne Road, Fairfield, CA 94585 (707) 429-7181 FAX: (707) 429-8210

Southern California Office: 4019 Westerly Place, Ste. 100, Newport Beach, CA 92660 (949) 266-3700 FAX: (949) 266-3750

Satellite office: 7 Crow Canyon Ct., Ste. 225, San Ramon, CA 94583

Internet: <http://www.amenclinic.com> and <http://www.brainplace.com>

PATIENT INFORMATION

Patient's Name: _____ SS# _____ - _____ - _____ Sex: Male Female

Date of Birth: _____ Age: _____ Marital Status: Single Married Separated Divorced Widowed

Home Address: _____

Home Phone: (_____) _____ Occupation: _____ Student

Employer (School, if student): _____ Work/School Phone: (_____) _____

Employer/School Address: _____

E-mail Address: _____ Fax Phone: (_____) _____

Driver's License Number: _____

RESPONSIBLE PARTY and/or SPOUSE'S INFORMATION

Responsible Party: _____ SS# _____ - _____ - _____ Date of Birth: _____

Home Address: _____

Home Phone: (_____) _____ Occupation: _____

Employer: _____ Work Phone: (_____) _____

Employer Address: _____ Driver's License No.: _____

Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____ SS# _____ - _____ - _____ Date of Birth: _____

Spouse's Employer: _____ Address: _____

FEES CHARGED: The fees charged by doctors/therapists at The Amen Clinic for Behavioral Medicine, Inc. are based on the amount of time scheduled for dealing with patient issues. The minimum amount of time scheduled/charged by our physicians is for a half session (20-30 minutes in length). If additional time beyond the scheduled time is taken to assist patients, you will be charged for the amount of time used. In addition patients are typically charged for time spent with a patient on the telephone, time taken to write triplicate prescriptions outside of scheduled appointments, time taken to write notations in patient's chart and time taken to write reports or correspondence on patient's behalf.

INSURANCE BILLING: It is not our policy to billing insurance carriers for our patients. We will provide patients with receipts that may be submitted to your insurance carrier for reimbursement. Patients/Responsible Parties are responsible for all charges whether or not they are covered by your insurance.

PAYMENT POLICY: The Amen Clinic for Behavioral Medicine, Inc. requires payments for in-office services at the time services are rendered. Payment may be made by cash, personal check, or credit card (American Express, MasterCard or Visa). **TELEPHONIC APPOINTMENTS MUST BE PREPAID BY EITHER PERSONAL CHECK OR CREDIT CARD.** As patients are expected to maintain a zero balance our office does not send patients statements on a regular basis. Unpaid accounts over 90 days old are routinely reviewed for submission to our collection agency.

APPOINTMENT CANCELATION POLICY: The Amen Clinic requires that cancellations for scheduled appointments be received 24 hours in advance AND during regular office hours (Monday through Friday 8:30am to 5:00pm). **Unkept or cancelled appointments that do not follow this policy will be charged an unkept appointment fee at the discretion of your therapist or doctor.** This fee can equal but will not exceed the therapist/doctors fee for the time originally scheduled. Insurance companies do not pay for unkept appointment fees and the patient/responsible party is held fully accountable for this charge.

I have read and understand the above stated policies of The Amen Clinic for Behavioral Medicine, Inc.

Signature of Responsible Party (required): _____

The Amen Clinic for Behavioral Medicine

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Child/Teen Intake Questionnaires

Parents, in order for us to be able to fully evaluate your child or teenager, please fill out the following intake form and questionnaires to the best of your ability. We realize there is a lot of information and you may not remember or have access to all of it; do the best you can. If there is information you do not want in your child or teenagers medical chart it is ok to refrain from putting it in this information. Thank you!

PATIENT IDENTIFICATION

Name _____ First Appointment Date _____
 Birth Date _____ Age _____ Sex _____
 School _____ Grade _____
 Religion _____ Natural Mother _____
 Race _____ Natural Father _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone # _____ Parent Work # _____ (specify) mom or dad
 Who is the child currently living with? _____

REFERRAL SOURCE

Referral Source _____
 Referral Address _____ Phone # _____
 Do we have your permission to release information to the referring professional when it is appropriate?
 Yes ___ No ___

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems)

WHY DID YOU SEEK THE EVALUATION AT THIS TIME?

What do you want this clinic to do for your child, yourself or your family?

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY

Current medical problems/medications: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

history of head trauma? (describe): _____

Any

Ever any seizures or seizure like activity? _____

Any periods of spaciness or confusion? _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc.: _____

Allergies/drug intolerances (describe): _____

Present Height _____ *Present Weight* _____

Current Stresses (please list current factors that are a source of stress in the family)

FAMILY HISTORY

Family Structure (who lives in the current household with the child, please give relationship to the child):

Current Marital Situation/Satisfaction of Parents _____

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.)

Natural Mother's History: age _____ outside work _____
 School: highest grade completed _____
 Learning problems (specify) _____
 Behavior problems (specify) _____
 Marriages _____
 Medical Problems _____
 Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has mother ever sought psychiatric treatment? Yes ___ No ___
 If yes, for what purpose? _____

Mother's alcohol/drug use history _____
 Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

Natural Father's History: age _____ outside work _____
 School: highest grade completed _____
 Learning problems (specify) _____
 Behavior problems (specify) _____
 Marriages _____
 Medical Problems _____
 Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has father ever sought psychiatric treatment? Yes ___ No ___
 If yes, for what purpose? _____

Father's alcohol/drug use history _____
 Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

(If Applicable)

Step Mother or Father's History (indicate which): age _____ outside work _____
 School: highest grade completed _____
 Learning problems (specify) _____
 Behavior problems (specify) _____
 Marriages _____
 Medical Problems _____
 Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has step-mother ever sought psychiatric treatment? Yes ___ No ___
 If yes, for what purpose? _____

Step-mother's alcohol/drug use history _____

Siblings (names, ages, problems, strengths, relationship to patient)

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

Parents attitude toward pregnancy _____
Conception--ease _____ planned _____ unplanned _____
Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc _____

Birth and Postnatal period:

Birth weight ___ Length ___ Labor duration ___ Delivery: vaginal ___ C section ___ Problems _____
APGAR scores (if known) _____ Any jaundice? Yes ___ No ___ Time in hospital _____
Complications? _____

Mother's health after delivery _____

Post delivery blues ? _____ if yes, how long ? _____

Primary caretaker for child, first year _____

thereafter _____

Feeding history: breast vs bottle _____ age weaned _____ Food allergies _____

Current eating problems _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

Separations from mother and/or father: age, duration, reaction to _____

Toilet training: age reached bowel control: day _____ night _____ bladder control: day _____ night _____

methods used _____ ease _____ current function _____

Sexual development: gender identity _____

any problems _____

Physical/Sexual Abuse: _____

Motor development: (please write in age, parentheses are approximate normal limits)

rolls over (3-5m) _____ sit without support (5-7m) _____ crawls (5-8) _____
walks well (11-16m) _____ runs well (2y) _____ rides tricycle (3y) _____
throws ball overhand (4y) _____ current level of activity _____
fine and gross motor coordination _____ compared to peers _____

Language development: (please write in age, parentheses are approximate normal limits)
 several words besides dada, mama (1y) _____ name several objects-ball, cup (15m) _____
 3 words together--subject, verb, object (24m) _____ vocabulary _____ articulation _____
 comprehension _____ compared to peers _____
 any current problems _____

Social development: (please write in age, parentheses are approximate normal limits)
 smile (2m) _____ shy with strangers (6-10m) _____ separates from mother easily (2-3y) _____
 cooperative play with others (4y) _____
 quality of attachment to mother _____ quality of attachment to father _____
 relationships to family members _____
 early peer interactions _____
 current peer interactions _____
 special interests/hobbies _____

Behavioral/Discipline: compliance vs non-compliance _____
 lying/stealing _____ rule breaking _____ methods of discipline _____
 other problems _____

Emotional development: early temperament _____
 current personality _____
 mood _____ fears/phobias _____
 habits _____
 special objects (blankets, dolls, etc.) _____ ability to express of feelings _____

Drug/Alcohol History: _____

School History: current grade _____ school contact _____
 number of schools attended _____ average grades _____
 homework problems _____
 specific learning disabilities _____
 strengths _____
 what have teachers said about the child/teen _____

Please bring school report cards and any state, national or special testing that has been performed.

Overall Strengths -- as viewed by parents _____

Overall Strengths -- as viewed by the child/teen _____

Amen Child/Teen General Symptom Checklist

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Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

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

Ch/Tn Parent

- 1. depressed or sad mood
- 2. not as much interest in things that are usually fun
- 3. significant recent weight or appetite changes
- 4. recurrent thoughts of death or suicide
- 5. sleep changes, lack of sleep or marked increase in sleep
- 6. low energy or feelings of tiredness
- 7. feelings of being worthless, helpless, hopeless or guilty
- 8. plays alone or appears socially withdrawn
- 9. cries easily
- 10. negative thinking
- 11. periods of an elevated, high or irritable mood
- 12. periods of a very high self esteem or big thinking
- 13. periods of decreased need for sleep without feeling tired
- 14. more talkative than usual or feel pressure to keep talking
- 15. fast thoughts or frequent jumping from one subject to another
- 16. easily distracted by irrelevant things
- 17. marked increase in activity level
- 18. cyclic periods of angry, mean or violent behavior
- 19. periods of time where you feel intensely anxious or nervous
- 20. periods of trouble breathing or feeling smothered
- 21. periods of feeling dizzy, faint or unsteady on your feet
- 22. periods of heart pounding, fast heart rate or chest pain
- 23. periods of trembling, shaking or sweating
- 24. periods of nausea, abdominal upset or choking
- 25. intense fear of dying
- 26. lacks confidence in abilities
- 27. needs lots of reassurance
- 28. needs to be perfect
- 29. seems fearful and anxious
- 30. seems shy or timid
- 31. easily embarrassed
- 32. sensitive to criticism
- 33. bites fingernails or chews clothing
- 34. persistent refusal to go to school
- 35. excessive fear of interacting with other children or adults
- 36. persistent, excessive fear (heights, closed spaces, specific animals, etc.) please list _____
- 37. excessive anxiety concerning separation from home or from those to whom the child is attached.
- 38. recurrent bothersome thoughts, ideas or images which you try to ignore
- 39. trouble getting "stuck" on certain thoughts, or having the same thought over and over
- 40. excessive or senseless worrying
- 41. others complain that you worry too much or get "stuck" on the same thoughts

- ___ ___ 42. compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, cleaning, checking locks, or counting or spelling
- ___ ___ 43. needing to have things done a certain way or you become very upset
- ___ ___ 44. recurrent and upsetting thoughts of a past traumatic event (molested, accident, fire, etc.), please list _____
- ___ ___ 45. recurrent distressing dreams of a past upsetting event
- ___ ___ 46. feelings of reliving a past upsetting event
- ___ ___ 47. spend effort avoiding thoughts or feelings related to a past trauma
- ___ ___ 48. feeling that your future is shortened
- ___ ___ 49. startle easily
- ___ ___ 50. feel like you're always watching for bad things to happen
- ___ ___ 51. refusal to maintain body weight above a level most people consider healthy
- ___ ___ 52. intense fear of gaining weight or becoming fat even though underweight
- ___ ___ 53. feelings of being fat, even though you're underweight
- ___ ___ 54. recurrent episodes of eating large amounts of food
- ___ ___ 55. a feeling of lack of control over eating behavior
- ___ ___ 56. engage in activities to eliminate excess food, such as self induced vomiting, laxatives, strict dieting or strenuous exercise
- ___ ___ 57. persistent worry with body shape and weight
- ___ ___ 58. involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present?_____ How often?_____ describe _____
- ___ ___ 59. involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present?_____ How often?_____ describe _____
- ___ ___ 60. repetitive, seemingly driven motor behavior (e.g., hand shaking or waving, body rocking, head banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).
- ___ ___ 61. passage of feces in inappropriate places (e.g., clothing or floor).
- ___ ___ 62. bed wetting. If present, how often?_____
- ___ ___ 63. failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.
- ___ ___ 64. delusional or bizarre thoughts (thoughts you know others would think are false)
- ___ ___ 65. visual hallucination, seeing objects or images are not really present
- ___ ___ 66. hearing voices that are not really present
- ___ ___ 67. odd behaviors
- ___ ___ 68. poor personal hygiene or grooming
- ___ ___ 69. inappropriate mood for the situation (i.e., laughing at sad events)
- ___ ___ 70. frequent feelings that someone or something is out to hurt you
- ___ ___ 71. problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others
- ___ ___ 72. multiple changes in caregivers before the age of 5
- ___ ___ 73. steals
- ___ ___ 74. bullies, threatens, or intimidates others
- ___ ___ 75. initiates physical fights
- ___ ___ 76. cruel to animals
- ___ ___ 77. force others into things they do not want to do (sexually or criminally)
- ___ ___ 80. sets fires
- ___ ___ 81. destroys property
- ___ ___ 82. break in to others home, school, car or place of business
- ___ ___ 83. lies
- ___ ___ 84. stays out at night despite parental prohibitions
- ___ ___ 85. runs away overnight
- ___ ___ 86. cuts school

- ___ ___ 87. doesn't seem sorry for hurting others
- ___ ___ 88. negative, hostile, or defiant behavior
- ___ ___ 89. loses temper
- ___ ___ 90. argues with adults
- ___ ___ 91. actively defies or refuses to comply with adults' requests or rules
- ___ ___ 92. deliberately annoys people
- ___ ___ 93. blames others for his or her mistakes or misbehavior
- ___ ___ 94. touchy or easily annoyed by others
- ___ ___ 95. angry and resentful
- ___ ___ 96. spiteful or vindictive
- ___ ___ 97. impairment in communication as manifested by at least one of the following:
- delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - repetitive use of language or odd language
 - lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- ___ ___ 98. impairment in social interaction, with at least two of the following:
- marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - failure to develop peer relationships appropriate to developmental level
 - lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - lack of social or emotional reciprocity
- ___ ___ 99. repetitive patterns of behavior, interests, and activities, as manifested by at least one of following:
- preoccupation with an area of that is abnormal either in intensity or focus
 - rigid adherence to specific, nonfunctional routines or rituals
 - repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - persistent preoccupation with parts of objects
- ___ ___ 100. stutters
- ___ ___ 101. feel tired during the day
- ___ ___ 102. feel cold when others feel fine or they are warm
- ___ ___ 103. often feel warm when others feel fine or they are cold
- ___ ___ 104. problems with brittle or dry hair
- ___ ___ 105. problems with dry skin
- ___ ___ 106. problems with sweating
- ___ ___ 107. problems with chronic anxiety or tension

Child/Teen Amen Brain System Checklist

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Please rate your child/teen on each of the symptoms listed below using the following scale. If practical and/or possible, to give us the most complete picture, have the child/teen (Ch/Tn) rate himself or herself. List who filled this out. _____

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

Ch/Tn Parent

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty awaiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good
- ___ ___ 42. Needing to have things done a certain way or you become very upset

- ___ ___43. Others complain that you worry too much
- ___ ___44. Tend to say no without first thinking about question
- ___ ___45. Tendency to predict fear
- ___ ___46. Frequent feelings of sadness
- ___ ___47. Moodiness
- ___ ___48. Negativity
- ___ ___49. Low energy
- ___ ___50. Irritability
- ___ ___51. Decreased interest in others
- ___ ___52. Decreased interest in things that are usually fun or pleasurable
- ___ ___53. Feelings of hopelessness about the future
- ___ ___54. Feelings of helplessness or powerlessness
- ___ ___55. Feeling dissatisfied or bored
- ___ ___56. Excessive guilt
- ___ ___57. Suicidal feelings
- ___ ___58. Crying spells
- ___ ___59. Lowered interest in things usually considered fun
- ___ ___60. Sleep changes (too much or too little)
- ___ ___61. Appetite changes (too much or too little)
- ___ ___62. Chronic low self-esteem
- ___ ___63. Negative sensitivity to smells/odors
- ___ ___64. Frequent feelings of nervousness or anxiety
- ___ ___65. Panic attacks
- ___ ___66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ ___67. Periods of heart pounding, rapid heart rate or chest pain
- ___ ___68. Periods of trouble breathing or feeling smothered
- ___ ___69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ ___70. Periods of nausea or abdominal upset
- ___ ___71. Periods of sweating, hot or cold flashes
- ___ ___72. Tendency to predict the worst
- ___ ___73. Fear of dying or doing something crazy
- ___ ___74. Avoid places for fear of having an anxiety attack
- ___ ___75. Conflict avoidance
- ___ ___76. Excessive fear of being judged or scrutinized by others
- ___ ___77. Persistent phobias
- ___ ___78. Low motivation
- ___ ___79. Excessive motivation
- ___ ___80. Tics (motor or vocal)
- ___ ___81. Poor handwriting
- ___ ___82. Quick startle
- ___ ___83. Tendency to freeze in anxiety provoking situations
- ___ ___84. Lacks confidence in their abilities
- ___ ___85. Seems shy or timid
- ___ ___86. Easily embarrassed
- ___ ___87. Sensitive to criticism
- ___ ___88. Bites fingernails or picks skin
- ___ ___89. Short fuse or periods of extreme irritability
- ___ ___90. Periods of rage with little provocation
- ___ ___91. Often misinterprets comments as negative when they are not
- ___ ___92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ ___93. Periods of spaciness or confusion
- ___ ___94. Periods of panic and/or fear for no specific reason
- ___ ___95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ ___96. Frequent periods of deja vu (feelings of being somewhere you have never been)
- ___ ___97. Sensitivity or mild paranoia

- ___ 98. Headaches or abdominal pain of uncertain origin
- ___ 99. History of a head injury or family history of violence or explosiveness
- ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ 101. Periods of forgetfulness or memory problems

Childhood Depression Inventory

Name: _____

Date: _____

INSTRUCTIONS:

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups of three statements. From each group pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, then go on to the next group of three statements.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been feeling recently. Put a mark like this **X** next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example how this form works. Try it, put a mark next to the sentence that describes you best.

EXAMPLE:

- I read books all the time.
- I read books once in a while.
- I never read books.

Remember, pick out the sentences that describe your feelings and thoughts in the past two weeks.

1. I am sad once in a while.
 I am sad many times.
 I am sad all the time.
2. Nothing will ever work out for me.
 I am not sure if things will work out for me.
 Things will work out for me O.K.
3. I do most things O.K.
 I do many things wrong.
 I do everything wrong.
4. I have fun in many things.
 I have fun in some things.
 Nothing is fun at all.

5. I am bad all the time.
 I am bad many times.
 I am bad once in a while.
6. I think about bad things happening to me once in a while.
 I worry that bad things will happen to me.
 I am sure that terrible things will happen to me.
7. I hate myself.
 I do not like myself.
 I like myself.
8. All bad things are my fault.
 Many bad things are my fault.
 Bad things are not usually my fault.
9. I do not think about killing myself.
 I think about killing myself but would not do it.
 I want to kill myself.
10. I feel like crying everyday.
 I feel like crying many days.
 I feel like crying once in a while.
11. Things bother me all the time.
 Things bother me many times.
 Things bother me once in a while.
12. I like being with people.
 I do not like being with people many times.
 I do not want to be with people at all.
13. I can not make up my mind about things.
 It is hard to make up my mind about things.
 I make my mind about things easily.
14. I look O.K.
 There are some bad things about my looks.
 I look ugly.
15. I have to push myself all the time to do my schoolwork.
 I have to push myself many times to do my schoolwork.
 Doing schoolwork is not a big problem.
16. I have trouble sleeping every night.
 I have trouble sleeping many nights.
 I sleep pretty well.

17. I am tired once in a while.
 I am tired many days.
 I am tired all the time.
18. Most days I do not feel like eating.
 Many days I do not feel like eating.
 I eat pretty well.
19. I do not worry about aches and pains.
 I worry about aches and pains many times.
 I worry about aches and pains all the time.
20. I do not feel alone.
 I feel alone many times.
 I feel alone all the time.
21. I never have fun at school.
 I have fun at school only once in a while.
 I have fun at school many times.
22. I have plenty of friends.
 I have some friends but I wish I had more.
 I do not have any friends.
23. My school work is alright.
 My school work is not as good as before.
 I do very poorly in subjects I used to be good in.
24. I can never be as good as other kids.
 I can be as good as other kids if I want to.
 I am just as good as other kids.
25. Nobody really loves me.
 I am not sure if anybody loves me.
 I am sure that somebody loves me.
26. I usually do what I am told.
 I do not do what I am told most times.
 I never do what I am told.
27. I get along with people.
 I get into fights many times.
 I get into fights all the time.

Amen Clinic Learning Disability Child/Teen Screening Questionnaire

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Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person_____

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

Ch/Tn Parent/Other

Reading

- ___ ___ 1. I am a poor reader.
- ___ ___ 2. I do not like reading.
- ___ ___ 3. I make mistakes when reading like skipping words or lines.
- ___ ___ 4. I read the same line twice.
- ___ ___ 5. I have problems remembering what I read even though I have read all the words.
- ___ ___ 6. I reverse letters when I read (such as b/d, p/q).
- ___ ___ 7. I switch letters in words when reading (such as god and dog).
- ___ ___ 8. My eyes hurt or water when I read.
- ___ ___ 9. Words tend to blur when I read.
- ___ ___ 10. Words tend to move around the page when I read.
- ___ ___ 11. When reading I have difficulty understanding the main idea or identifying important details from a story.

Writing

- ___ ___ 12. I have “messy “ handwriting.
- ___ ___ 13. My work tends to be messy.
- ___ ___ 14. I prefer print rather than writing in cursive.
- ___ ___ 15. My letters run into each other or there is no space between words.
- ___ ___ 16. I have trouble staying within lines.
- ___ ___ 17. I have problems with grammar or punctuation.
- ___ ___ 18. I am a poor speller.
- ___ ___ 19. I have trouble copying off the board or from a page in a book.
- ___ ___ 20. I have trouble getting thoughts from my brain to the paper.
- ___ ___ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- ___ ___ 22. I have trouble with knowing my left from my right.
- ___ ___ 23. I have trouble keeping things within columns or coloring within lines.
- ___ ___ 24. I tend to be clumsy, uncoordinated.
- ___ ___ 25. I have difficulty with eye hand coordination.
- ___ ___ 26. I have difficulty with concepts such as up, down, over or under.
- ___ ___ 27. I tend to bump into things when walking.

Oral Expressive language

- ___ ___ 28. I have difficulty expressing myself in words.
- ___ ___ 29. I have trouble finding the right word to say in conversations.
- ___ ___ 30. I have trouble talking around a subject or getting to the point in conversations.

Receptive language

- ___ ___ 31. I have trouble keeping up or understanding what is being said in conversations.
 ___ ___ 32. I tend to misunderstand people and give the wrong answers in conversations.
 ___ ___ 33. I have trouble understanding directions people tell me.
 ___ ___ 34. I have trouble telling the direction sound is coming from.
 ___ ___ 35. I have trouble filtering out background noises.

Math

- ___ ___ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
 ___ ___ 37. I makes "careless mistakes" in math.
 ___ ___ 38. I tend to switch numbers around.
 ___ ___ 39. I have difficulty with word problems.

Sequencing

- ___ ___ 40. I have trouble getting everything in the right order when I speak.
 ___ ___ 41. I have trouble telling time.
 ___ ___ 42. I have trouble using the alphabet in order.
 ___ ___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ ___ 44. I have trouble understanding jokes people tell me.
 ___ ___ 45. I tend to take things too literally.

Organization

- ___ ___ 46. My notebook/paperwork is messy or disorganized.
 ___ ___ 47. My room is messy.
 ___ ___ 48. I tend to shove everything into my backpack, desk or closet.
 ___ ___ 49. I have multiple piles around my room.
 ___ ___ 50. I have trouble planning my time.
 ___ ___ 51. I am frequently late or in a hurry.
 ___ ___ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- ___ ___ 53. I have trouble with my memory.
 ___ ___ 54. I remember things from long ago but not recent events.
 ___ ___ 55. It is hard for me to memorize things for school or work.
 ___ ___ 56. I know something one day but do not remember it to the next.
 ___ ___ 57. I forget what I am going to say right in the middle of saying it.
 ___ ___ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- ___ ___ 59. I have few or no friends.
 ___ ___ 60. I have trouble reading body language or facial expressions of others.
 ___ ___ 61. My feelings are often or easily hurt.
 ___ ___ 62. I tend to get into trouble with friends, teachers, parents or bosses.
 ___ ___ 63. I feel uncomfortable around people I do not know well.
 ___ ___ 64. I am teased by others.
 ___ ___ 65. Friends do not call and ask me to do things with them.
 ___ ___ 66. I do not get together with others outside of school or work.

Mother's Amen Brain System Checklist

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This form should be filled out by the *biological mother on herself*, if possible. If it is not possible please have it filled out by someone who knows her well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the father or other person who knows the biological mother rate her as well. List who filled this out. _____

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

Other Mother

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty waiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good

- ___ 42. Needing to have things done a certain way or you become very upset
- ___ 43. Others complain that you worry too much
- ___ 44. Tend to say no without first thinking about question
- ___ 45. Tendency to predict fear
- ___ 46. Frequent feelings of sadness
- ___ 47. Moodiness
- ___ 48. Negativity
- ___ 49. Low energy
- ___ 50. Irritability
- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
- ___ 62. Chronic low self-esteem
- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
- ___ 82. Quick startle
- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism
- ___ 88. Bites fingernails or picks skin
- ___ 89. Short fuse or periods of extreme irritability
- ___ 90. Periods of rage with little provocation
- ___ 91. Often misinterprets comments as negative when they are not
- ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ 93. Periods of spaciness or confusion
- ___ 94. Periods of panic and/or fear for no specific reason
- ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)

- ___ 97. Sensitivity or mild paranoia
- ___ 98. Headaches or abdominal pain of uncertain origin
- ___ 99. History of a head injury or family history of violence or explosiveness
- ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ 101. Periods of forgetfulness or memory problems

Father's Amen Brain System Checklist

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This form should be filled out by the *biological father on himself*, if possible. If it is not possible please have it filled out by someone who knows him well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the mother or other person who knows the biological father rate him as well. List who filled this out. _____

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

Other Father

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty awaiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good

- ___ ___42. Needing to have things done a certain way or you become very upset
- ___ ___43. Others complain that you worry too much
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- ___ ___50. Irritability
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- ___ ___55. Feeling dissatisfied or bored
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- ___ ___60. Sleep changes (too much or too little)
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- ___ ___63. Negative sensitivity to smells/odors
- ___ ___64. Frequent feelings of nervousness or anxiety
- ___ ___65. Panic attacks
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- ___ ___67. Periods of heart pounding, rapid heart rate or chest pain
- ___ ___68. Periods of trouble breathing or feeling smothered
- ___ ___69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ ___70. Periods of nausea or abdominal upset
- ___ ___71. Periods of sweating, hot or cold flashes
- ___ ___72. Tendency to predict the worst
- ___ ___73. Fear of dying or doing something crazy
- ___ ___74. Avoid places for fear of having an anxiety attack
- ___ ___75. Conflict avoidance
- ___ ___76. Excessive fear of being judged or scrutinized by others
- ___ ___77. Persistent phobias
- ___ ___78. Low motivation
- ___ ___79. Excessive motivation
- ___ ___80. Tics (motor or vocal)
- ___ ___81. Poor handwriting
- ___ ___82. Quick startle
- ___ ___83. Tendency to freeze in anxiety provoking situations
- ___ ___84. Lacks confidence in their abilities
- ___ ___85. Seems shy or timid
- ___ ___86. Easily embarrassed
- ___ ___87. Sensitive to criticism
- ___ ___88. Bites fingernails or picks skin
- ___ ___89. Short fuse or periods of extreme irritability
- ___ ___90. Periods of rage with little provocation
- ___ ___91. Often misinterprets comments as negative when they are not
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