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**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

350 Chadbourne Road, Fairfield, CA 94585, (707) 429-7181 Fax (707) 429-8210 [www.amenclinic.com](http://www.amenclinic.com)  
4019 Westerly Place, Suite 100, Newport Beach, CA 92660, (949) 266-3700 Fax (949) 266-3750

## 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?

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**PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY**

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

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**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)

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**FAMILY HISTORY**

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

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**Current Marital Situation/Satisfaction of Parents** \_\_\_\_\_

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

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**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

350 Chadbourne Road, Fairfield, CA 94585, (707) 429-7181 Fax (707) 429-8210

[www.amenclinic.com](http://www.amenclinic.com) Copyright 1998 Daniel G. Amen, MD

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.

# Medical Review of Systems

Please place a check mark in the boxes that apply. Explain any problem areas

**General**

- Being overweight
- Recent weight gain or weight loss
- Poor appetite
- Increased appetite
- Abnormal sensitivity to cold
- Cold sweats during the day
- Tired or worn out
- Hot or cold spells
- Abnormal sensitivity to heat
- Excessive sleeping
- Difficulty sleeping
- Lowered resistance to infection
- Flu-like or vague sick feeling
- Sweating excessively at night
- Urinating excessively
- Excessive daytime sweating
- Excessive thirst
- Other \_\_\_\_\_

**Neurological**

- Pacing due to muscle restlessness
- Forgotten periods of time
- Dizziness
- Drowsiness
- Muscle spasms or tremors
- Impaired ability to remember
- "Tics"
- Numbness
- Convulsions / fits
- Slurred speech
- Speech problem (other)
- Weakness in muscles
- Other \_\_\_\_\_

**Respiratory**

- Asthma, wheezing
- Cough
- Coughing up blood or sputum
- Shortness of breath
- Rapid breathing
- Repeated nose or chest colds
- Other \_\_\_\_\_

**Chest and Cardiovascular**

- Ankle swelling
- Rapid / irregular pulse
- Breast tenderness
- Chest pain
- High blood pressure
- Low blood pressure
- Other \_\_\_\_\_

**Head, Eye, Ear, Nose, & Throat**

- Facial pain
- Headache
- Head injury
- Neck pain or stiffness
- Frequent sore throat
- Blurred vision
- Double vision
- Overly sensitive to light
- See spots or shadows
- Hearing loss in both ears
- Ear ringing
- Disturbances in smell
- Runny nose
- Dry mouth
- Sore tongue
- Other \_\_\_\_\_

**Gastrointestinal and Hepatic**

- Trouble swallowing
- Nausea or vomiting (throwing up)
- Abdominal (stomach / belly) pain
- Anal itching
- Painful bowel movements
- Infrequent bowel movements
- Liquid bowel movements
- Loss of bowel control
- Frequent belching or gas
- Vomiting blood
- Rectal bleeding (red or black blood)
- Jaundice (yellowing of skin)
- Other \_\_\_\_\_

**Musculoskeletal**

- Back pain or stiffness
- Bone pain
- Joint pain or stiffness
- Leg pain
- Muscle cramps or pain
- Other \_\_\_\_\_

**Skin, Hair**

- Dry hair or skin
- Itchy skin or scalp
- Easy bruising
- Hair loss
- Increased perspiration
- Sun sensitivity
- Other \_\_\_\_\_

**Genitourinary**

- Itchy privates or genitals
- Painful urination
- Excessive urination
- Difficulty in starting urine
- Accidental wetting of self
- Pus or blood in urine
- Decreased sexual desire
- Other \_\_\_\_\_

**Females**

- No menses
- Menstrual irregularity
- Painful or heavy periods
- Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps, headache
- Painful menstrual periods
- Painful intercourse or sex
- Sterility infertility
- Abnormal vaginal discharge
- Other \_\_\_\_\_

**Males**

- Impotence (weak male erection)
- Inability to ejaculate or orgasm
- Scrotal pain
- Abnormal penis discharge
- Other \_\_\_\_\_

**Explanation**

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# 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
- \_\_\_ \_\_\_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