

Amen Clinics Teen Screening Master Questionnaire

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Please ask your teen to rate himself or herself on each of the symptoms listed below using the following scale. For completeness, some questions will be asked more than once. To give us the most complete picture, have another person who knows the teen well (such as a parent or guardian) rate him or her too. List the other person's relationship to the teen: _____

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

Other Self

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Fail to pay close attention to details or make careless mistakes |
| _____ | _____ | 2. Trouble sustaining attention |
| _____ | _____ | 3. Do not seem to listen when spoken to directly |
| _____ | _____ | 4. Poor follow through |
| _____ | _____ | 5. Disorganized |
| _____ | _____ | 6. Avoid tasks that require sustained effort |
| _____ | _____ | 7. Lose things |
| _____ | _____ | 8. Easily distracted |
| _____ | _____ | 9. Forgetful |
| _____ | _____ | 10. Fidgety |
| _____ | _____ | 11. Trouble sitting still |
| _____ | _____ | 12. Restless |
| _____ | _____ | 13. Unable to play or engage in leisure activities quietly |
| _____ | _____ | 14. "On the go" or acting as if "driven by a motor" |
| _____ | _____ | 15. Talk excessively |
| _____ | _____ | 16. Blurt out answers before questions have been completed (e.g., complete people's sentences; cannot wait for turn in conversation) |
| _____ | _____ | 17. Difficulty waiting turn (e.g., while waiting in line) |
| _____ | _____ | 18. Interrupt others |
| _____ | _____ | 19. Make decisions or behave impulsively (e.g., saying or doing things without thinking) |
| _____ | _____ | 20. Difficulty delaying what I want |
| _____ | _____ | 21. Accident prone, traffic violations, or near accidents |
| _____ | _____ | 22. Overwhelmed by the tasks of everyday living |
| _____ | _____ | 23. Difficulty expressing feelings |
| _____ | _____ | 24. Difficulty expressing empathy for others |
| _____ | _____ | 25. Late or in a hurry |
| _____ | _____ | 26. Get stuck on negative thoughts or behaviors |
| _____ | _____ | 27. Recurrent bothersome thoughts or images I try to ignore |

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

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 28. Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious |
| _____ | _____ | 29. Worry |
| _____ | _____ | 30. Upset when things do not go my way |
| _____ | _____ | 31. Upset when things are out of place |
| _____ | _____ | 32. Oppositional or argumentative |
| _____ | _____ | 33. Dislike change |
| _____ | _____ | 34. Hold grudges |
| _____ | _____ | 35. Hold onto own opinion and do not seem to listen to others |
| _____ | _____ | 36. Tend to say no without first thinking about the question |
| _____ | _____ | 37. Need to be perfect |
| _____ | _____ | 38. Depressed or sad mood |
| _____ | _____ | 39. Crying spells |
| _____ | _____ | 40. Negativity |
| _____ | _____ | 41. Decreased interest in people or pleasurable activities |
| _____ | _____ | 42. Feel worthless, helpless, hopeless, or guilty |
| _____ | _____ | 43. Fatigue, feeling tired, or lack of energy |
| _____ | _____ | 44. Decreased concentration or memory |
| _____ | _____ | 45. Recurrent thoughts of death or suicide |
| _____ | _____ | 46. Insomnia or trouble sleeping |
| _____ | _____ | 47. Excessive sleeping |
| _____ | _____ | 48. Irritable or easily agitated |
| _____ | _____ | 49. Recent decrease in appetite or weight |
| _____ | _____ | 50. Recent increase in appetite or weight |
| _____ | _____ | 51. Significant mood swings or cycles |
| _____ | _____ | 52. Periods of an elevated, high, or irritable mood |
| _____ | _____ | 53. Periods of a very high self-esteem or grandiose thinking |
| _____ | _____ | 54. Periods of decreased need for sleep without feeling tired |
| _____ | _____ | 55. Periods of being more talkative than usual or feeling pressure to keep talking |
| _____ | _____ | 56. Racing thoughts or frequently jumping from one subject to another |
| _____ | _____ | 57. Easily distracted by irrelevant things |
| _____ | _____ | 58. Feel a marked increase in physical activity level |
| _____ | _____ | 59. Excessive involvement in pleasurable activities that have a high-risk for negative consequences (e.g., engaging in dangerous pranks, spending money, sexual indiscretions, or gambling) |
| _____ | _____ | 60. Anxious, tense, or nervous |
| _____ | _____ | 61. Panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month _____) |
| _____ | _____ | 62. Fear of dying |
| _____ | _____ | 63. Fear of going crazy or doing something out-of-control |

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

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 64. Predict the worst |
| _____ | _____ | 65. Avoid conflict |
| _____ | _____ | 66. Excessive motivation or can't stop working |
| _____ | _____ | 67. Freeze in anxious or upsetting situations |
| _____ | _____ | 68. Shy or timid |
| _____ | _____ | 69. Easily embarrassed |
| _____ | _____ | 70. Sensitive to criticism |
| _____ | _____ | 71. Bite my fingernails or pick at skin |
| _____ | _____ | 72. Lack confidence in abilities |
| _____ | _____ | 73. Need a lot of reassurance |
| _____ | _____ | 74. Avoid everyday places for 1) fear of having a panic attack, or 2) needing to go with other people in order to feel comfortable |
| _____ | _____ | 75. Recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.), please list: _____ |
| _____ | _____ | 76. Recurrent distressing dreams of a past upsetting event |
| _____ | _____ | 77. Reliving a past upsetting event |
| _____ | _____ | 78. Panic or fear of events that resemble an upsetting past event |
| _____ | _____ | 79. Spend effort avoiding thoughts or feelings associated with a past trauma |
| _____ | _____ | 80. Avoid activities/situations which remind me of a past upsetting event |
| _____ | _____ | 81. Unable to recall an important aspect of a past upsetting event |
| _____ | _____ | 82. Feel detached or distant from others |
| _____ | _____ | 83. Feel numb or restricted in my feelings |
| _____ | _____ | 84. Feel that my future is shortened |
| _____ | _____ | 85. Quick to startle |
| _____ | _____ | 86. Watch for bad things to happen |
| _____ | _____ | 87. Have a physical response to events that remind me of a past upsetting event (e.g., sweating, increased pulse, etc. when getting in a car if you had been in a car accident) |
| _____ | _____ | 88. Excessive fear of being judged by others, which causes me to avoid or get anxious in situations |
| _____ | _____ | 89. Persistent, excessive phobia (e.g., heights, closed spaces, specific animals, etc.), please list: _____ |
| _____ | _____ | 90. Involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking, or picking) |
| _____ | _____ | 91. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, or swearing) |
| _____ | _____ | 92. Stutter |
| _____ | _____ | 93. Refuse to maintain body weight above a level that most people consider healthy |
| _____ | _____ | 94. Intense fear of gaining weight or becoming overweight even though I am underweight |
| _____ | _____ | 95. Feel overweight, even though others say I am underweight |
| _____ | _____ | 96. Have recurrent episodes of binge eating large amounts of food |

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

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 97. Feel a lack of control over eating behavior |
| _____ | _____ | 98. Purge food, such as self-induced vomiting or using laxatives or diuretics; partaking in strict dieting, or partaking in strenuous exercise |
| _____ | _____ | 99. Overly concerned with my body shape and/or weight |
| _____ | _____ | 100. Unpredictable moods |
| _____ | _____ | 101. Irritability, short fuse, or easily angered |
| _____ | _____ | 102. Misinterpret comments as negative when they are not |
| _____ | _____ | 103. Experience illusions, such as hearing sounds that are not there (e.g., muffled voices or shots being fired); visual distortions (e.g., seeing shadows or things get bigger or smaller than they really are); or smelling odors not present (e.g., burned rubber) |
| _____ | _____ | 104. Periods of <i>déjà vu</i> (the feeling of being somewhere you have never been) |
| _____ | _____ | 105. Dark, disturbing, or troubling thoughts |
| _____ | _____ | 106. Trouble reading the body language or facial expressions of others |
| _____ | _____ | 107. Trouble learning new information |
| _____ | _____ | 108. Memory problems |
| _____ | _____ | 109. Trouble remembering recent events |
| _____ | _____ | 110. Difficulty memorizing things for school or work |
| _____ | _____ | 111. Delusional or bizarre thoughts (thoughts I know others would think are false) |
| _____ | _____ | 112. Auditory or visual hallucinations |
| _____ | _____ | 113. Periods of time where my thoughts or speech were disjointed or didn't make sense to others |
| _____ | _____ | 114. Impaired ability to function at home or at work |
| _____ | _____ | 115. Lack personal hygiene or grooming |
| _____ | _____ | 116. Exhibit inappropriate mood for a given situation (e.g., laughing at sad events) |
| _____ | _____ | 117. Frequent feelings that someone or something is out to hurt or discredit me |
| _____ | _____ | 118. Am a poor reader |
| _____ | _____ | 119. Make mistakes when reading, such as skipping words or lines |
| _____ | _____ | 120. Have problems remembering what I read even though I have just read all the words |
| _____ | _____ | 121. Reverse or switch letters when I read (such as b/d, p/q) |
| _____ | _____ | 122. Light sensitive and bothered by glare, sunlight, headlights, or streetlights |
| _____ | _____ | 123. Become tired or experience headaches, mood changes, restlessness, or have an inability to stay focused with bright or fluorescent lights |
| _____ | _____ | 124. Have trouble reading words that are on white, glossy paper |
| _____ | _____ | 125. When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive |
| _____ | _____ | 126. Tense, tired, sleepy, or even get headaches with reading |
| _____ | _____ | 127. Problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving |
| _____ | _____ | 128. Poor handwriting or prefer to print rather than to write in cursive |

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

Other Self

- ___ ___ 129. Trouble getting thoughts from my brain to the paper
- ___ ___ 130. Tend to keep notebook/paperwork/room messy or disorganized
- ___ ___ 131. Frequently late or in a hurry
- ___ ___ 132. Clumsy
- ___ ___ 133. More sensitive to lights, sounds, or smells than others
- ___ ___ 134. Sensitive to touch or tags in clothing
- ___ ___ 135. Few or no friends
- ___ ___ 136. Feel uncomfortable around people whom I do not know well
- ___ ___ 137. Teased by others
- ___ ___ 138. Friends who do not call and ask me to do things with them
- ___ ___ 139. Trouble with communication by at least one of the following (please circle all that apply):
- a) Have delayed or total lack of spoken language;
 - b) Have marked impairment in ability to initiate or sustain a conversation with others;
 - c) Have repetitive use of language or odd language.
- ___ ___ 140. Trouble with social interaction by at least two of the following (please circle all that apply):
- a) Have marked impairment in the use of nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
 - b) Fail to develop peer relationships;
 - c) Lack of spontaneity in seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
 - d) Lack of social or emotional reciprocity.
- ___ ___ 141. Exhibit repetitive patterns of behavior, interests, and activities by at least one of the following (please circle all that apply):
- a) Have preoccupation with something that is abnormal either in intensity or focus;
 - b) Have rigid adherence to specific, nonfunctional routines or rituals;
 - c) Have repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
 - d) Have persistent preoccupation with parts of objects.
- ___ ___ 142. Trouble getting or staying asleep
- ___ ___ 143. Restless sleep
- ___ ___ 144. Worry I won't be able to fall asleep
- ___ ___ 145. Early morning awakenings with trouble getting back to sleep
- ___ ___ 146. Wake up tired and unrefreshed
- ___ ___ 147. Nightmares
- ___ ___ 148. Loud snoring
- ___ ___ 149. Others say I stop breathing during sleep

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

Other Self

- ___ ___ 150. Get more than 7 hours of sleep at night
- ___ ___ 151. Crave sweets during the day
- ___ ___ 152. Irritable or easily upset if meals are missed
- ___ ___ 153. Depend on caffeine to get started or keep me going
- ___ ___ 154. Get lightheaded or shaky if meals are missed
- ___ ___ 155. Eating relieves fatigue
- ___ ___ 156. Put myself at risk for brain injuries, by doing such things as not wearing my seat belt, drinking and driving, engaging in high-risk sports, etc.
- ___ ___ 157. Chronic stress at work or home
- ___ ___ 158. Thoughts tend to be negative, worried, or angry
- ___ ___ 159. Problems getting at least 8 hours of sleep a night
- ___ ___ 160. Drink or consume more than 2 cups of coffee, dark sodas, or energy drinks a day
- ___ ___ 161. Consume food or drinks with artificial sweeteners or colors
- ___ ___ 162. Am around environmental toxins, such as paint fumes, hair or nail salon fumes, or pesticides
- ___ ___ 163. Spend more than one hour a day watching TV
- ___ ___ 164. Spend more than one hour a day playing video games
- ___ ___ 165. Outside of school or work time, spend more than one hour a day on the computer
- ___ ___ 166. Tend to have a poor and haphazard diet
- ___ ___ 167. Exercise less than twice per week
- ___ ___ 168. Smoke or exposed to secondhand smoke
- ___ ___ 169. Persistently refuse to go to school
- ___ ___ 170. Have excessive anxiety concerning separation from home or from those to whom I am attached
- ___ ___ 171. Wet the bed (if so, how often? _____)
- ___ ___ 172. Fail to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations
- ___ ___ 173. Aggressive behavior toward others
- ___ ___ 174. Frequent physical altercations with others
- ___ ___ 175. Use of a weapon to harm others
- ___ ___ 176. Deliberately physically cruel to other people
- ___ ___ 177. Deliberately cruel to animals
- ___ ___ 178. Involvement in confrontational economic order crime (e.g., mugging)
- ___ ___ 179. Have perpetrated a forcible sex act on another
- ___ ___ 180. Property destruction by arson
- ___ ___ 181. Have engaged in non-confrontational economic order crime (e.g., breaking and entering)
- ___ ___ 182. Have engaged in non-confrontational retail theft (e.g., shoplifting)
- ___ ___ 183. Disregarded parent's curfew prior to age 13
- ___ ___ 184. Have run away from home at least two times
- ___ ___ 185. Have been truant before age 13

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

Other Self

- _____ _____ 186. Lose my temper
- _____ _____ 187. Argue with adults
- _____ _____ 188. Actively defy or refuse to comply with adult's requests or rules
- _____ _____ 189. Deliberately annoy people
- _____ _____ 190. Blame others for my mistakes or misbehavior
- _____ _____ 191. Touchy or easily annoyed by others
- _____ _____ 192. Angry and resentful
- _____ _____ 193. Spiteful and vindictive

PROMIS Outcome Questions

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Global Health Outcomes

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

1. In general, would you say your health is: _____
 2. In general, would you say your quality of life is: _____
 3. In general, how would you rate your physical health? _____
 4. In general, how would you rate your mental health, including your mood and your ability to think? _____
 5. In general, how would you rate your satisfaction with your social activities and relationships? _____
 6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work, and in your community, and in your responsibilities as a parent, child, spouse, employee, friend, etc.) _____
-

Completely	Mostly	Moderately	A little	Not at all
5	4	3	2	1

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? _____
-

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable? _____
-

None	Mild	Moderate	Severe	Very Severe
1	2	3	4	5

9. In the past 7 days, how would you rate your fatigue on average? _____
-

No Pain

Worst imaginable pain

1 2 3 4 5 6 7 8 9 10

10. In the past 7 days, how would you rate your pain on average? _____

Never Rarely Sometimes Often Always

1 2 3 4 5

In the past 7 days ...

- 11. I felt fearful _____
- 12. I found it hard to focus on anything other than my anxiety _____
- 13. My worries overwhelmed me _____
- 14. I felt uneasy _____
- 15. I felt nervous _____
- 16. I felt like I needed help for my anxiety _____
- 17. I felt anxious _____
- 18. I felt tense _____
- 19. I was irritated more than people knew _____
- 20. I felt angry _____
- 21. I felt ready to explode _____
- 22. I was grouchy _____
- 23. I felt annoyed _____
- 24. I felt worthless _____
- 25. I felt helpless _____
- 26. I felt depressed _____
- 27. I felt hopeless _____
- 28. I felt like a failure _____
- 29. I felt unhappy _____
- 30. I felt that I had nothing to look forward to _____
- 31. I felt that nothing could cheer me up _____
- 32. I have a negative attitude toward myself _____
- 33. I feel disconnected from others _____
- 34. I feel isolated from others _____
- 35. I have trouble finding peace of mind _____
- 36. My life lacks meaning _____
- 37. My thinking has been slow _____
- 38. I have to work harder than usual to keep track of what I was doing _____
- 39. I have trouble concentrating _____
- 40. I have to work really hard to pay attention or I would make a mistake _____
- 41. My problems with memory, concentration, or making mental mistakes have interfered with the quality of my life _____

42. I have been bothered by feeling impulsive or out of control _____

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

43. How would you rate your motivation to make the changes necessary to achieve your desired outcome? _____

44. How would you rate your current work/school functioning? _____

Amen Clinics Brain System Checklist For Mothers

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This form should be filled out by the *biological or adopted 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. Please list who filled this out. _____

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

Other Mother

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Fail to pay close attention to details or make careless mistakes |
| _____ | _____ | 2. Trouble sustaining attention |
| _____ | _____ | 3. Trouble listening |
| _____ | _____ | 4. Fail to finish things |
| _____ | _____ | 5. Poor organization for time or space (e.g., backpack, room, desk, paperwork) |
| _____ | _____ | 6. Avoid tasks that require sustained effort |
| _____ | _____ | 7. Lose 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. Feel bored |
| _____ | _____ | 16. Feel apathetic or unmotivated |
| _____ | _____ | 17. Feel tired, sluggish or slow moving |
| _____ | _____ | 18. Feel spacey or “in a fog” |
| _____ | _____ | 19. Fidgety, restless, or trouble sitting still |
| _____ | _____ | 20. Difficulty remaining seated in situations where remaining seated is expected |
| _____ | _____ | 21. Hyperactive in situations in which it is inappropriate |
| _____ | _____ | 22. Difficult working or relaxing quietly |
| _____ | _____ | 23. Always "on the go" or act as if "driven by a motor" |
| _____ | _____ | 24. Talk excessively |
| _____ | _____ | 25. Blurt out answers before questions have been completed |
| _____ | _____ | 26. Difficulty waiting for turn |
| _____ | _____ | 27. Interrupt or intrude on others (e.g., butting into conversations or games) |
| _____ | _____ | 28. Behave impulsively (say or doing things without thinking first) |

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

Other Mother

- | | | |
|-------|-------|---|
| _____ | _____ | 29. Worry excessively or senselessly |
| _____ | _____ | 30. Upset when things do not go your way |
| _____ | _____ | 31. Upset when things are out of place |
| _____ | _____ | 32. Oppositional or argumentative |
| _____ | _____ | 33. Repetitive negative thoughts |
| _____ | _____ | 34. Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious |
| _____ | _____ | 35. Dislike change |
| _____ | _____ | 36. Hold grudges |
| _____ | _____ | 37. Trouble shifting attention from subject to subject |
| _____ | _____ | 38. Trouble shifting behavior from task to task |
| _____ | _____ | 39. Difficulty seeing options in situations |
| _____ | _____ | 40. Hold on to own opinion and not listen to others |
| _____ | _____ | 41. Get locked into a course of action, whether or not it is good |
| _____ | _____ | 42. Need to have things done a certain way or else becoming very upset |
| _____ | _____ | 43. Others complain that you worry too much |
| _____ | _____ | 44. Say no without first thinking about the question |
| _____ | _____ | 45. Predict fear |
| _____ | _____ | 46. Frequently feel sad |
| _____ | _____ | 47. Feel moody |
| _____ | _____ | 48. Negativity |
| _____ | _____ | 49. Low energy |
| _____ | _____ | 50. Irritable |
| _____ | _____ | 51. Decreased interest in other people |
| _____ | _____ | 52. Decreased interest in things that are usually fun or pleasurable |
| _____ | _____ | 53. Feel hopeless about the future |
| _____ | _____ | 54. Feel helpless or powerless |
| _____ | _____ | 55. Feel dissatisfied or bored |
| _____ | _____ | 56. Feel excessive guilt |
| _____ | _____ | 57. Suicidal feelings |
| _____ | _____ | 58. Crying spells |
| _____ | _____ | 59. Lowered interest in things that are usually considered fun |
| _____ | _____ | 60. Experience sleep changes (too much or too little) |
| _____ | _____ | 61. Experience appetite changes (too much or too little) |
| _____ | _____ | 62. Chronic low self-esteem |
| _____ | _____ | 63. Negative sensitivity to smells/odors |
| _____ | _____ | 64. Frequently feel nervous or anxious |
| _____ | _____ | 65. Experience panic attacks |
| _____ | _____ | 66. Periods of heightened muscle tension (such as headaches, sore muscles, hand tremors) |
| _____ | _____ | 67. Periods of a pounding heart, a rapid heart rate, or chest pain |

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

Other Mother

- | | | |
|-------|-------|---|
| _____ | _____ | 68. Periods of troubled breathing or feeling smothered |
| _____ | _____ | 69. Periods of dizziness, faintness, or feeling unsteady on your feet |
| _____ | _____ | 70. Feel nausea or have an upset stomach |
| _____ | _____ | 71. Periods of sweating, hot flashes, or cold flashes |
| _____ | _____ | 72. Predict the worst |
| _____ | _____ | 73. Fear of dying or doing something crazy |
| _____ | _____ | 74. Avoid places for fear of having an anxiety attack |
| _____ | _____ | 75. Avoid conflict |
| _____ | _____ | 76. Excessive fear of being judged or scrutinized by others |
| _____ | _____ | 77. Persistent phobias |
| _____ | _____ | 78. Low motivation |
| _____ | _____ | 79. Excessive motivation |
| _____ | _____ | 80. Experience tics (either motor or vocal) |
| _____ | _____ | 81. Poor handwriting |
| _____ | _____ | 82. Quick to startle |
| _____ | _____ | 83. Freeze in anxiety-provoking situations |
| _____ | _____ | 84. Lack confidence in abilities |
| _____ | _____ | 85. Shy or timid |
| _____ | _____ | 86. Easily embarrassed |
| _____ | _____ | 87. Sensitive to criticism |
| _____ | _____ | 88. Bite fingernails or pick at skin |
| _____ | _____ | 89. Short fuse or easily angered |
| _____ | _____ | 90. Periods of rage with little provocation |
| _____ | _____ | 91. Often misinterpret comments as negative when they are not |
| _____ | _____ | 92. Irritability tends to build, then explodes, then recedes, often being tired after a rage |
| _____ | _____ | 93. Periods of spaciness and/or confusion |
| _____ | _____ | 94. Periods of panic and/or fear for no specific reason |
| _____ | _____ | 95. Experience visual and/or auditory changes, such as seeing shadows or hearing muffled sounds |
| _____ | _____ | 96. Frequent periods of <i>déjà vu</i> (the feeling of being somewhere you have never been) |
| _____ | _____ | 97. Sensitive or mildly paranoid |
| _____ | _____ | 98. Experience headaches or abdominal pain of uncertain origin |
| _____ | _____ | 99. History of a head injury |
| _____ | _____ | 100. Family history of violence or explosiveness |
| _____ | _____ | 101. Dark thoughts, ones that may involve suicidal or homicidal thoughts |
| _____ | _____ | 102. Periods of forgetfulness or memory problems |

Amen Clinics Brain System Checklist For Fathers

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This form should be filled out by the *biological or adopted 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. Please list who filled this out. _____

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

Other Father

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Fail to pay close attention to details or make careless mistakes |
| _____ | _____ | 2. Trouble sustaining attention |
| _____ | _____ | 3. Trouble listening |
| _____ | _____ | 4. Fail to finish things |
| _____ | _____ | 5. Poor organization for time or space (e.g., backpack, room, desk, paperwork) |
| _____ | _____ | 6. Avoid tasks that require sustained effort |
| _____ | _____ | 7. Lose 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. Feel bored |
| _____ | _____ | 16. Feel apathetic or unmotivated |
| _____ | _____ | 17. Feel tired, sluggish or slow moving |
| _____ | _____ | 18. Feel spacey or "in a fog" |
| _____ | _____ | 19. Fidgety, restless, or trouble sitting still |
| _____ | _____ | 20. Difficulty remaining seated in situations where remaining seated is expected |
| _____ | _____ | 21. Hyperactive in situations in which it is inappropriate |
| _____ | _____ | 22. Difficult working or relaxing quietly |
| _____ | _____ | 23. Always "on the go" or act as if "driven by a motor" |
| _____ | _____ | 24. Talk excessively |
| _____ | _____ | 25. Blurt out answers before questions have been completed |
| _____ | _____ | 26. Difficulty waiting for turn |
| _____ | _____ | 27. Interrupt or intrude on others (e.g., butting into conversations or games) |
| _____ | _____ | 28. Behave impulsively (say or doing things without thinking first) |

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

Other Father

- | | | |
|-------|-------|---|
| _____ | _____ | 29. Worry excessively or senselessly |
| _____ | _____ | 30. Upset when things do not go your way |
| _____ | _____ | 31. Upset when things are out of place |
| _____ | _____ | 32. Oppositional or argumentative |
| _____ | _____ | 33. Repetitive negative thoughts |
| _____ | _____ | 34. Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious |
| _____ | _____ | 35. Dislike change |
| _____ | _____ | 36. Hold grudges |
| _____ | _____ | 37. Trouble shifting attention from subject to subject |
| _____ | _____ | 38. Trouble shifting behavior from task to task |
| _____ | _____ | 39. Difficulty seeing options in situations |
| _____ | _____ | 40. Hold on to own opinion and not listen to others |
| _____ | _____ | 41. Get locked into a course of action, whether or not it is good |
| _____ | _____ | 42. Need to have things done a certain way or else becoming very upset |
| _____ | _____ | 43. Others complain that you worry too much |
| _____ | _____ | 44. Say no without first thinking about the question |
| _____ | _____ | 45. Predict fear |
| _____ | _____ | 46. Frequently feel sad |
| _____ | _____ | 47. Feel moody |
| _____ | _____ | 48. Negativity |
| _____ | _____ | 49. Low energy |
| _____ | _____ | 50. Irritable |
| _____ | _____ | 51. Decreased interest in other people |
| _____ | _____ | 52. Decreased interest in things that are usually fun or pleasurable |
| _____ | _____ | 53. Feel hopeless about the future |
| _____ | _____ | 54. Feel helpless or powerless |
| _____ | _____ | 55. Feel dissatisfied or bored |
| _____ | _____ | 56. Feel excessive guilt |
| _____ | _____ | 57. Suicidal feelings |
| _____ | _____ | 58. Crying spells |
| _____ | _____ | 59. Lowered interest in things that are usually considered fun |
| _____ | _____ | 60. Experience sleep changes (too much or too little) |
| _____ | _____ | 61. Experience appetite changes (too much or too little) |
| _____ | _____ | 62. Chronic low self-esteem |
| _____ | _____ | 63. Negative sensitivity to smells/odors |
| _____ | _____ | 64. Frequently feel nervous or anxious |
| _____ | _____ | 65. Experience panic attacks |
| _____ | _____ | 66. Periods of heightened muscle tension (such as headaches, sore muscles, hand tremors) |
| _____ | _____ | 67. Periods of a pounding heart, a rapid heart rate, or chest pain |

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

Other Father

- | | | |
|-------|-------|---|
| _____ | _____ | 68. Periods of troubled breathing or feeling smothered |
| _____ | _____ | 69. Periods of dizziness, faintness, or feeling unsteady on your feet |
| _____ | _____ | 70. Feel nausea or have an upset stomach |
| _____ | _____ | 71. Periods of sweating, hot flashes, or cold flashes |
| _____ | _____ | 72. Predict the worst |
| _____ | _____ | 73. Fear of dying or doing something crazy |
| _____ | _____ | 74. Avoid places for fear of having an anxiety attack |
| _____ | _____ | 75. Avoid conflict |
| _____ | _____ | 76. Excessive fear of being judged or scrutinized by others |
| _____ | _____ | 77. Persistent phobias |
| _____ | _____ | 78. Low motivation |
| _____ | _____ | 79. Excessive motivation |
| _____ | _____ | 80. Experience tics (either motor or vocal) |
| _____ | _____ | 81. Poor handwriting |
| _____ | _____ | 82. Quick to startle |
| _____ | _____ | 83. Freeze in anxiety-provoking situations |
| _____ | _____ | 84. Lack confidence in abilities |
| _____ | _____ | 85. Shy or timid |
| _____ | _____ | 86. Easily embarrassed |
| _____ | _____ | 87. Sensitive to criticism |
| _____ | _____ | 88. Bite fingernails or pick at skin |
| _____ | _____ | 89. Short fuse or easily angered |
| _____ | _____ | 90. Periods of rage with little provocation |
| _____ | _____ | 91. Often misinterpret comments as negative when they are not |
| _____ | _____ | 92. Irritability tends to build, then explodes, then recedes, often being tired after a rage |
| _____ | _____ | 93. Periods of spaciness and/or confusion |
| _____ | _____ | 94. Periods of panic and/or fear for no specific reason |
| _____ | _____ | 95. Experience visual and/or auditory changes, such as seeing shadows or hearing muffled sounds |
| _____ | _____ | 96. Frequent periods of <i>déjà vu</i> (the feeling of being somewhere you have never been) |
| _____ | _____ | 97. Sensitive or mildly paranoid |
| _____ | _____ | 98. Experience headaches or abdominal pain of uncertain origin |
| _____ | _____ | 99. History of a head injury |
| _____ | _____ | 100. Family history of violence or explosiveness |
| _____ | _____ | 101. Dark thoughts, ones that may involve suicidal or homicidal thoughts |
| _____ | _____ | 102. Periods of forgetfulness or memory problems |