

# INITIAL SYMPTOM SCORE SHEET

Name \_\_\_\_\_

Please rate each symptom on a scale from 0 to 10.

(0 = none 10 = worst imaginable)

<b>SLEEP</b>			
Grinding teeth		Difficulty falling Asleep	
Difficulty maintaining sleep		Difficulty walking	
Dysregulated sleep cycle		Narcolepsy	
Night sweats		Night terrors	
Nightmares or vivid dreams		Nighttime bedwetting	
Periodic leg movements		Restless leg	
Restless sleep		Sleep – Number of Hours	
Sleep apnea		Sleep quality overall	
Sleepwalking		Snoring	
Talking during sleep			
<b>ATTENTION AND LEARNING</b>			
Difficulty completing tasks		Difficulty following directions	
Difficulty making decisions		Difficulty organizing personal time or space	
Difficulty remembering names		Difficulty shifting attention	
Difficulty shifting tasks		Difficulty thinking clearly	
Difficulty understanding conversations		Distractibility	
Lack of alertness		Lacking common sense	
Messy handwriting		Not listening	
Poor concentration		Poor drawing ability	
Poor math		Poor short-term memory	
Poor sustained attention		Poor verbal expression	
Poor vocabulary		Poor Word Finding	
Procrastination		Reading difficulty	
Slow thinking		Unmotivated	
<b>SENSORY</b>			
Auditory hypersensitivity		Chemical sensitivities	
Motion sickness		Poor body awareness	
Somatosensory deficits		Tactile hypersensitivity	
Tinnitus		Vertigo	
Visual deficits		Visual hypersensitivity	
<b>BEHAVIORAL</b>			
Addictive behaviors		Aggressive behavior	
Anorexia		Autistic stimming	
Binging and purging		Class clown	
Compulsive behaviors		Compulsive eating	
Crying		Excessive talking	
Hyperactivity		Impulsivity	
Inflexibility		Lack of appetite awareness	
Lack of sense of humor		Lack of social interest	
Manipulative behavior		Motor or vocal tics	
Nail biting		Oppositional or defiant behavior	
Poor eye contact		Poor grooming	
Poor social or emotional reciprocity		Poor speech articulation	
Rages		Self-injurious behavior	
Stuttering			

<b>EMOTIONAL</b>			
Agitation		Anger	
Anxiety		Depression	
Difficult to soothe		Dissociative episodes	
Easily embarrassed		Emotional reactivity	
Fears		Feelings of unreality	
Flashbacks of trauma		Impatience	
Irritability		Lack of emotional awareness	
Lack of pleasure		Lack of social awareness	
Low self-esteem		Mania	
Mood swings		Obsessive negative thoughts	
Obsessive worries		Panic attacks	
Paranoia		Suicidal thoughts	
<b>PHYSICAL</b>			
Allergies		Asthma	
Chronic constipation		Clumsiness	
Difficulty walking or moving		Difficulty working	
Effort fatigue		Fecal incontinence	
Fatigue		Heart palpitations	
High blood pressure		Hot flashes	
Immune deficiency		Irritable bowel	
Low muscle tone		Muscle tension	
Muscle twitches		Muscle weakness	
Nausea		PMS symptoms	
Poor balance		Poor fine motor coordination	
Poor gross motor coordination		Reflux	
Rigidity		Seizures	
Skin rashes		Spasticity	
Stress incontinence		Sugar craving or reactivity	
Sweating		Tachycardia (rapid heart rate)	
Tremor		Urge incontinence	
<b>PAIN</b>			
Abdominal pain		Chronic aching pain	
Chronic nerve pain		Fibromyalgia pain	
Jaw pain		Joint pain	
Migraine Headaches		Muscle pain	
Muscle tension headaches		Sciatica	
Sinus headaches		Stomach aches	
Trigeminal neuralgia			

Rate the following using the scale: **0 = I do not feel this at all**    **10 = I feel this significantly**

Alertness		Balance	
Calmness		Compassion	
Confidence		Connectedness	
Energy level		Happiness	
Goal setting		Optimism	
Gratitude		Resilience	
Harmony		Positive attitude	