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Client:  
Completed by:  
Date:

### SYMPTOM SELF-ASSESSMENT INSTRUCTIONS

The purpose of this self-assessment (or assessment by a caretaker) is two-fold:

First and foremost, it provides your neurofeedback practitioner with a guide to those symptoms that *are*, or *have been* in the past, of significant concern to you or the client, or which have interfered with the client's ability to function or enjoy life.

Second, your rating of each symptom provides a measure of the client's current state against which we can judge progress made during training.

We have another, more objective assessment tool, the QIK test. This is a test of continuous performance using a reaction-time monitor, and yields an objective measure of attentiveness, impulse control, and adaptability to changing demands.

#### How to rate your symptoms on the **0-10** scale:

Rate each symptom on a scale of 0 to 10 in increments of 1. Each symptom is to be rated individually. Rate any symptom that the client has experienced in the past, even if they do not presently consider a problem, at least a 1, or whatever non-zero number best describes the current experience of that symptom. If you can, write the year the client last experienced the symptom next to the rating if it is in the past.

If you do not see a symptom of concern to you on the list (for example, blood pressure), please write a brief descriptor and a rating in the empty box in the appropriate category. For the "positive" category, just mark what attributes the client wishes to improve, quantifying by how much it needs to improve.

For the last section, "Category Positive", please just rate which positive attributes that you most want/need to improve, the higher the number being the greater the need/desire.

- Write **0** if the symptom is a non-issue and beneath notice, no need to improve upon.
- Write **10** if the symptom is the worst that the client can imagine enduring, or most critical for improving.
- When rating a symptom, please consider the combined effect of:
  - Severity
  - Incidence (how frequently episodes occur, if applicable)
  - Duration of episodes

<b>1 CATEGORY SLEEP</b>			
Bruxism		Difficulty falling asleep	
Difficulty maintaining sleep		Difficulty waking	
Disregulated sleep cycle		Narcolepsy	
Night sweats		Night terrors	
Nightmares or vivid dreams		Nocturnal enuresis	
Periodic leg movements		Restless leg	
Restless sleep		Sleep - number of hours	
Sleep apnea		Sleep Quality Overall	
Sleep walking		Snoring	
Talking during sleep			
<b>2 CATEGORY ATTENTION + 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>3 CATEGORY SENSORY</b>			
Auditory hypersensitivity		Chemical sensitivities	
Motion sickness		Poor body awareness	
Somatosensory deficits		Tactile hypersensitivity	
Tinnitus		Vertigo	
Visual deficits		Visual hypersensitivity	
<b>4 CATEGORY 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>5 CATEGORY 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>6 CATEGORY PHYSICAL</b>			
Allergies		Asthma	
Chronic constipation		Clumsiness	
Difficulty walking or moving		Difficulty working	
Effort fatigue		Encopresis	
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 and reactivity	
Sweating		Tachycardia	
Tremor		Urge incontinence	
<b>7 CATEGORY 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			
<b>8 CATEGORY POSITIVE</b>			
8 Alertness		8 Balance	
8 Calmness		8 Compassion	
8 Confidence		8 Connectedness	
8 Energy Level		8 Focus	
8 Goal Setting		8 Good Sleep Quality	
8 Gratitude		8 Happiness	
8 Harmony		8 Optimism	
8 Positive Attitude		8 Resilience	
8 Vitality			