

NEUROBEHAVIORAL SYMPTOM CHECKLIST

Name _____ Date _____

Age _____ Sex _____ Education _____

Instructions: Please rate the following symptoms with regard to how much they have disturbed you **in the last three months**. For each item, circle the number that matches your answer.

USE THESE DESCRIPTIONS TO GUIDE YOUR RATINGS:

0 = None	Rarely if ever present; not a problem at all.
1 = Mild	<i>Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; it doesn't really concern me.</i>
2 = Moderate	Often present; occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned.
3 = Severe	<i>Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.</i>
4 = Very severe	Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.

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|----|-------------------------------------------|----------|----------|--------------|------------|-----------------|
| 1. | Feeling dizzy | 0 (None) | 1 (Mild) | 2 (Moderate) | 3 (severe) | 4 (very severe) |
| 2. | Loss of balance | 0 | 1 | 2 | 3 | 4 |
| 3. | Poor coordination, clumsy | 0 | 1 | 2 | 3 | 4 |
| 4. | Headaches | 0 | 1 | 2 | 3 | 4 |
| 5. | Nausea | 0 | 1 | 2 | 3 | 4 |
| 6. | Vision problems, blurring, trouble seeing | 0 | 1 | 2 | 3 | 4 |
| 7. | Sensitivity to light | 0 (None) | 1 (Mild) | 2 (Moderate) | 3 (severe) | 4 (very severe) |

8.	Hearing difficulty	0 (<i>None</i>)	1 (<i>Mild</i>)	2 (<i>Moderate</i>)	3 (<i>severe</i>)	4 (<i>very severe</i>)
9.	Sensitivity to noise	0	1	2	3	4
10.	Numbness or tingling on parts of my body	0	1	2	3	4
11.	Change in taste and/or smell	0	1	2	3	4
12.	Loss of appetite or increased appetite	0	1	2	3	4
13.	Poor concentration, can't pay attention, easily distracted	0	1	2	3	4
14.	Forgetfulness, can't remember things	0	1	2	3	4
15.	Difficulty making decisions	0	1	2	3	4
16.	Slowed thinking, difficulty getting organized, can't finish things	0	1	2	3	4
17.	Fatigue, loss of energy, getting tired easily	0	1	2	3	4
18.	Difficulty falling or staying asleep	0	1	2	3	4
19.	Feeling anxious or tense	0	1	2	3	4
20.	Feeling depressed or sad	0	1	2	3	4
21.	Irritability, easily annoyed	0	1	2	3	4
22.	Poor frustration tolerance, feeling easily overwhelmed by things	0 (<i>None</i>)	1 (<i>Mild</i>)	2 (<i>Moderate</i>)	3 (<i>severe</i>)	4 (<i>very severe</i>)