

Symptom Inventory

Name:

Date:

Total Score:

Rating Scale:

0=no symptoms 1=occasionally experienced 2=often experienced 3=almost always experienced

Sleep_____

- Difficulty falling asleep
- Difficulty maintaining sleep
- Difficulty waking
- Nightmares or vivid dreams
- Night terrors
- Restless sleep
- Snoring
- Sleep apnea
- Tooth grinding (Bruxism)
- Sleep walking
- Talking during sleep
- Night sweats
- Narcolepsy (can't stay awake during the day)
- Periodic leg movements

Attention and learning_____

- Inattention
- Poor short-term memory
- Distractibility (trouble sitting still)
- Doesn't try very hard
- Trouble finishing things
- Difficulty thinking clearly
- Difficulty making decisions
- Poor vocabulary
- Messy handwriting
- Poor drawing ability
- Poor math
- Reading difficulty
- Not listening
- Lacking common sense

Sensory_____

- Visual hypersensitivity
- Auditory hypersensitivity
- Tactile hypersensitivity
- Tinnitus
- Vertigo
- Visual deficits
- Chemical sensitivities
- Somato-sensory deficits
- Poor body awareness
- Motion sickness
- Clumsiness
- Poor grooming

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Emotional_____

- Irritability
- Agitation
- Emotional reactivity
- Mood swings
- Depression
- Mania
- Anxiety
- Fears
- Obsessive worries
- Lack of emotional awareness
- Lack of social awareness
- Low self-esteem
- Panic attacks
- Flashbacks of trauma
- Dissociative episodes
- Anger
- Impatience
- Suicidal thoughts
- Paranoia

Pain_____

- Chronic aching pain
- Migraine headaches
- Muscle tension headaches
- Trigeminal neuralgia
- Sciatica
- Fibromyalgia pain
- Chronic nerve pain
- Stomach aches
- Intestinal pain
- Joint pain
- Neuropathy pain
- Muscle pain
- Jaw pain

Physical_____

- Low muscle tone
- Spasticity
- Chronic constipation
- Irritable bowel
- Seizures
- Poor fine motor coordination
- Poor gross motor coordination
- Poor balance
- Immune deficiency
- PMS symptoms
- Heart palpitations
- Tachycardia
- High blood pressure
- Reflux
- Tremor
- Rigidity
- Fatigue
- Asthma
- Sugar craving and reactivity
- Allergies
- Hot flashes
- Muscle tension

Medications for:

(tracking dose or frequency of use)

- | | |
|--|--|
| <input type="checkbox"/> Attention/Hyperactivity | <input type="checkbox"/> Inflammation |
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Movement disorders |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Mood | <input type="checkbox"/> Blood sugar/Cholesterol |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hormones |
| <input type="checkbox"/> Seizures | |