



SYMPTOM QUESTIONNAIRE

Name: _____

Date: _____

Please indicate any problems you are currently experiencing. Rate your problems on this scale: Not Applicable (N/A), Rarely, Sometimes, Frequently, or Almost Always. **Please only mark one box per item.**

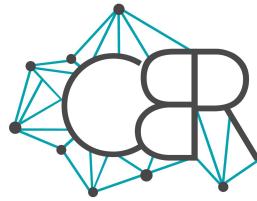
		N/A	Rarely	Sometimes	Frequently	Almost Always
1.	I lose and misplace important items (e.g., keys, wallet, papers).					
2.	I forget things people tell me.					
3.	I cannot remember what I've read.					
4.	I have difficulty keeping track of time.					
5.	I have difficulty remembering what I've done in a day.					
6.	I have difficulty remembering things from the past.					
7.	I forget things I've just learned.					
8.	I forget important meetings/ appointments.					
9.	I forget to turn off appliances (e.g., iron, stove).					

		N/A	Rarely	Sometimes	Frequently	Almost Always
1.	I have difficulty concentrating.					
2.	I am easily distracted.					
3.	Noisy environments bother me and make it harder to concentrate.					
4.	I have difficulty focusing my attention during conversations.					
5.	I have difficulty focusing on cognitively challenging tasks (e.g., work, paying bills).					



		N/A	Rarely	Sometimes	Frequently	Almost Always
1.	I have difficulty understanding what people tell me.					
2.	I have difficulty understanding what I've read.					
3.	I have difficulty thinking of words.					
4.	I have difficulty expressing myself.					
5.	People tell me they don't understand what I'm saying.					
6.	I have difficulty filtering my thoughts.					
7.	I have difficulty writing emails, papers, etc.					
8.	I have problems with spelling.					
9.	I make mathematical errors.					

		N/A	Rarely	Sometimes	Frequently	Almost Always
1.	I have difficulty planning my days.					
2.	I have difficulty prioritizing tasks.					
3.	I have difficulty starting tasks.					
4.	I have difficulty switching from one task to another.					
5.	I have difficulty completing tasks.					
6.	I have difficulty noticing and correcting my errors.					
7.	It is hard for me to solve problems that were once easy to solve.					

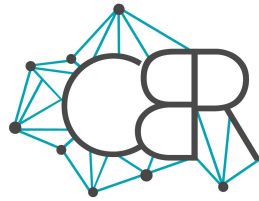


COLORADO BRAIN RECOVERY

8.	I have trouble keeping up with time sensitive tasks (e.g., bill pay, work).					
9.	I have difficulty making decisions.					
10.	I have impulsive behaviors.					

		N/A	Rarely	Sometimes	Frequently	Almost Always
1.	I have problems with balance.					
2.	I have physical pain (e.g., headache, body pain).					
3.	I feel nauseated.					
4.	I feel dizzy.					
5.	I have ringing in my ears.					
6.	I have changes in my sense of taste.					
7.	I have changes in my sense of smell.					
8.	I do not get adequate sleep.					
9.	I feel fatigued.					
10	I have difficulty swallowing food or water.					

		N/A	Rarely	Sometimes	Frequently	Almost Always
1.	I am sensitive to light.					
2.	I have problems focusing my eyes.					
3.	My eyes get tired when I read.					
4.	I have problems with depth perception.					



COLORADO BRAIN RECOVERY

		N/A	Rarely	Sometimes	Frequently	Almost Always
1.	I feel anxious.					
2.	I am easily irritated.					
3.	I cry very easily.					
4.	I feel depressed.					
5.	I feel traumatized.					