THE AMEN CLINICS METHOD TOOLBOX

Forms, Questionnaires and Planning Tools to Improve Diagnosis and Outcomes for Those You Serve

DANIEL G. AMEN, M.D.

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Published in the United States by MindWorks Innovations, Inc.
www.amenclinics.com

ISBN 978-1886554146

Printed in the United States of America

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The Amen Clinics Method Toolbox

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SECTION I:

AMEN CLINICS CHILD INTAKE QUESTIONNAIRES

Section I includes detailed intake questionnaires for children, which address the biological, psychological, social, and spiritual aspects of each patient's life. There are also comprehensive checklists that screen for psychiatric, learning, and brain system problems.

CHILD INTAKE QUESTIONNAIRES (great history taking tool) 1-1

- **Amen Clinics Child Screening Master Questionnaire** 1-15
  Screens for Major Depression, Bipolar Disorder, Panic Disorder, Overanxious Disorder, School Phobia, Social Phobia, Simple Phobias, Separation Anxiety, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder, Anorexia Nervosa, Bulimia Nervosa, Motor Tics, Verbal Tics, Tourette's Syndrome, Stereotypic Movement Disorder, Encopresis, Enuresis, Selective Mutism, Psychotic Disorders, Paranoia, Reactive Attachment Disorder, Conduct Disorder, Oppositional Defiant Disorder, Autism, Asperger's Syndrome, Stuttering, Thyroid Abnormalities
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Amen Clinics
Child Intake Questionnaires

Parents, in order for us to fully evaluate your child, we request that you fill out the following intake form and questionnaires (as they pertain to your child) to the best of your ability. This intake form is for children age 12 and younger. We realize that there is a lot of information and you may not remember or have access to all of it; do the best you can. If there is information that you do not want in your child's medical chart, it is okay to refrain from entering it here. Thank you!

PATIENT IDENTIFICATION

Patient's Name: _____ SS#: _____ - _____ - _____ Sex: ☐ M ☐ F
Date of Birth: _____ Age: _____ Marital Status: _____ ☐ Dependent
Grade Level: _____ Race: _____ Religion: _____
Mother's Name: _____ Father's Name: _____
Home Address: _____
Home Phone: (_____)_____ Work/School Phone: (_____)_____
Cell Phone: (_____)_____ Fax Phone: (_____)_____
E-mail Address: _____ Occupation: _____ ☐ Student
Employer (School, if student): _____
Employer/School Address: _____

REFERRAL SOURCE

How did you first learn about the Amen Clinics? _____
Please complete the following if a professional referred you to our clinic.
Name: _____ Phone number: _____ Fax number: _____
Specialty/Credentials: _____
Address: _____

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems.)

_____
_____
_____
_____

WHY DID YOU SEEK THE EVALUATION AT THIS TIME? (What do you want this clinic to do for your child, yourself, or your family?)

_____
_____
_____
_____

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

Please indicate if your child has attempted the following treatments and how many providers he/she has seen:

- Psychiatrist: _____
- Neurologist: _____
- Alternative/Holistic/Naturopathic (include type): _____
- Therapy (include type and duration): _____
- Psychiatric Inpatient Hospitalization (if multiple attempts include overall duration): _____
- Outpatient Treatment Program (if multiple attempts indicate overall duration): _____
- Other: _____

Please list any prior diagnoses: _____

_____

BIOLOGICAL INFORMATION – This section is about the physical processes that make your child who he/she is.

PRESENT and PAST MEDICATIONS

We included a detailed list of most psychiatric medications on pages 5-6 to be used as a reference. The information the doctor needs to know in order to do a thorough evaluation is:

1. The name of the medication
2. The mg dose (e.g., 20 mg)
3. The number of tablets or mg your child took each day
4. The approximate dates taken – preferably in sequential order
5. Whether the medicine worked well, worked partially, or did not work at all
6. If your child took any medications in combination with other medications
7. Any side effects or adverse effects from the medication

If you need more room, please attach another sheet.

Dates Taken	**Medication** *Individual or Combinations* *Dosage(s) and time(s) taken per day*	**Effectiveness**	**Side-Effects/Problems**
Ex: 3/2000-12/2005	**Example** *Ritalin 5 mg twice a day* *Prozac 10 mg in the a.m.*	**Example** *Somewhat effective*	**Example** *Very unfocused, hyperactive in evenings; dry mouth*
Dates Taken	**Medication**	**Effectiveness**	**Side-Effects/Problems**

MEDICATION REFERENCE LIST

ADD Medications

Adderall/Adderall XR *4 amphetamine salts*	Concerta *methylphenidate*	Cylert *pemoline*	Daytrana *methylphenidate transdermal*
Desoxyn *methamphetamine HCL*	Dexedrine *dextroamphetamine*	Dexedrine Spansules *dextroamphetamine*	Dextrostat *dextroamphetamine*
Focalin *dexmethylphenidate*	Focalin XR *dexmethylphenidate hydrochloride*	Intuniv *guanfacine*	Metadate *methylphenidate*
Metadate CR *methylphenidate hydrochloride*	Methylin *methylphenidate*	Provigil *modafinil*	Ritalin *methylphenidate*
Ritalin LA *methylphenidate*	Ritalin SR *methylphenidate*	Strattera *atomoxetine*	Vyvanse *lisdexamfetamine*

Antidepressants

Anafranil *clomipramine hcl*	Asendin *amoxapine*	Celexa *citalopram*	Cymbalta *duloxetine HCl*
Desyrel *trazodone*	Effexor/Effexor XR *venlafaxine*	Elavil *amitriptyline*	Eldepryl *selegiline HCl*
EMSAM *selegiline transdermal system*	Lexapro *escitalopram*	Ludiomil *maprotiline*	Luvox *fluvoxamine*
Marplan *isocarboxazid*	Nardil *phenelzine*	Norpramin *desipramine*	Pamelor *nortriptyline*
Parnate *tranylcypromine*	Paxil/Paxil CR *paroxetine*	Pristiq *desvenlafaxine extended release*	Prozac *fluoxetine*
Remeron *mirtazapine*	Serzone *nefazodone*	Sinequan *doxepin*	Surmontil *trimipramine*
Tofranil *imipramine*	Vivactil *protripfyline*	Wellbutrin/Wellbutrin SR or XL *bupropion*	Zoloft *sertaline*

Anti-Anxiety Medications

Ativan *lorazepam*	BuSpar *buspirone*	Klonopin *clonazepam*	Librium *chlordiazepoxide*
Serax *oxazepam*	Tranxene *clorazepate*	Valium *diazepam*	Visatril *hydroxyzine*
Xanax *alprazolam*			

Mood Stabilizers

Depakene *valproic acid*	Depakote *divalproex*	Dilantin *phenytoin*	Donnatal *phenobarbital*
Gabitril *tigabine*	Keppra *levetiracetam*	Lamictal *lamotrigine*	Lithium/Eskalith *lithium carbonate*
Lyrica *pregablin*	Neurontin *gabapentin*	Tegretol/Carbatrol/Tegretol XR *carbamazepeine*	Trileptal *oxcarbazepine*
Topamax *topiramate*	Zonegran *zonisamide*		

Anti-Tic Hypertensive Medications

Catapres *clonidine*	Inderal *propranolol*	Tenex *guanfacine*	

Anti-Psychotic Medications

Abilify *aripiprazole*	Clozaril *clozapine*	Geodon *ziprasidone HCl*	Haldol *haloperidol*
Invega *paliperidone*	Latuda *lurasidone*	Moban *molindone*	Navane *thiothixene*
Orap *pimozide*	Prolixin *fluphenazine*	Risperdal *risperidone*	Saphris *asenapine*
Serentil *mesoridazine*	Seroquel *quetiapine*	Stelazine *trifluoperazine*	Symbyax *olanzapine/fluoxetine HCl*
Trilafon *perphenazine*	Zydis *olanzapine*	Zyprexa *olanzapine*	

Movement Disorders

Artane *trihexyphenidyl*	Benadryl *diphenhydramine*	Cogentin *benztropine*	Symmetrel *amantadine*

Memory/Alzheimer's Medications

Aricept *donepezil HCl*	Exelon *revastigmine tartrate*	Namenda *memantine*	Reminyl - now Razadyne ER *galantamine HBR*

Sleep Aids

Ambien/Ambien CR *zolpidem tartrate*	Dalmane *flurazepam*	Desyrel *trazodone*	Doral *quazepam tablets*
Halcion *triazolam*	Lunesta *zopiclone*	ProSom *estazolam*	Restoril *temazepam*
Rohypnol *flunitrazepam*	Rozerem *ramelteon*	Sonata *zaleplon*	

Weight Loss

Fenfluramine *fenfluramine hydrochloride*	Meridia *sibutramine hydrochloride monohydrate*	Phentermine *phenethylamine*	

Pain Medications

Avinza *morphine sulfate extended release*	Darvocet *propoxyphene*	Darvon *propoxyphene*	Fentanyl *fentanyl citrate*
Kadian *morphine sulfate extended release*	Oxycontin *oxycodone*	Percocet *oxycodone HCl/APAP CII*	Percodan *aspirin / hydrocodone*
Roxanol *morphine sulfate*	Vicodin *hydrocodone*		

PRESENT and PAST SUPPLEMENTS

Dates Taken	**Supplement** *Individual or Combinations*	**Effectiveness**	**Side-Effects/Problems**
Ex: 3/2000-12/2005	**Example** *SAMe 200 mg twice a day*	**Example** *Effective*	**Example** *Dry mouth*

MEDICAL HISTORY

Name of primary care physician: _____

Prior hospitalizations: _____

_____

Allergies/drug intolerances (describe): _____

_____

Date of last physical exam: _____

Present height: _____ Present weight: _____ Present waist size: _____

For females, date started last menstrual period, if menstruating: _____

History of seizures or seizure-like activity? _____

_____

Exposure to environmental toxins (mold, fumes, etc.)? _____

_____

Head Injury/Trauma:

Please indicate if there is any history of the following:

- ❑ Falls
- ❑ Motor vehicle accidents
- ❑ Assaults
- ❑ Sports-related concussions
- ❑ Loss of consciousness
- ❑ Altered consciousness, such as seeing stars, forgetfulness, disorientation, etc.
- ❑ Describe anything checked above, list date or approximate age: _____

_____

_____

_____

_____

Abnormal Test & Labs:

Please indicate if your child has a history of the following tests or examinations:

N	Y	N=No, Y= Yes	Date	Abnormality
☐	☐	Blood Work	_____	_____
☐	☐	EKG	_____	_____
☐	☐	EEG	_____	_____
☐	☐	CT Scan	_____	_____
☐	☐	PET Scan	_____	_____
☐	☐	MRI/fMRI Scan	_____	_____
☐	☐	SPECT Scan	_____	_____
☐	☐	Quantitative EEG	_____	_____
☐	☐	Echocardiogram	_____	_____
☐	☐	Holter Monitor	_____	_____
☐	☐	Carotid Ultrasound	_____	_____
☐	☐	Other: _____		

Medical Review

Please place a check mark in the box/boxes that apply. (C = Current, P = Past)

General

C P
- ☐ ☐ Being overweight
- ☐ ☐ Weight loss
- ☐ ☐ Sensitive to hot or cold
- ☐ ☐ Cold or hot spells
- ☐ ☐ Fatigue
- ☐ ☐ Lowered resistance to infection
- ☐ ☐ Flu-like or vague sick feeling
- ☐ ☐ Night sweats
- ☐ ☐ Daytime sweating
- ☐ ☐ Excessive thirst
- ☐ ☐ Other: _____

Neurological

C P
- ☐ ☐ Seizures
- ☐ ☐ Dizziness
- ☐ ☐ Vertigo
- ☐ ☐ Muscle spasms or tremors
- ☐ ☐ Slurred speech
- ☐ ☐ Speech problems
- ☐ ☐ Muscle weakness
- ☐ ☐ Other: _____

Respiratory

C P
- ☐ ☐ Asthma, wheezing
- ☐ ☐ Cough
- ☐ ☐ Coughing up blood or sputum
- ☐ ☐ Shortness of breath
- ☐ ☐ Rapid breathing
- ☐ ☐ Repeated nose or chest colds
- ☐ ☐ Other: _____

Chest and Cardiovascular

C P
- ☐ ☐ Ankle swelling
- ☐ ☐ Rapid/irregular pulse
- ☐ ☐ High cholesterol
- ☐ ☐ Low cholesterol
- ☐ ☐ Breast tenderness
- ☐ ☐ Chest pain
- ☐ ☐ High blood pressure
- ☐ ☐ Low blood pressure
- ☐ ☐ Stroke
- ☐ ☐ Other: _____

Head, Eye, Ear, Nose, & Throat

C P
- ☐ ☐ Facial pain
- ☐ ☐ Headaches
- ☐ ☐ Neck pain or stiffness
- ☐ ☐ Frequent sore throat
- ☐ ☐ Blurred or double vision
- ☐ ☐ See spots or shadows
- ☐ ☐ Hearing loss
- ☐ ☐ Ear ringing
- ☐ ☐ Chronic ear infections
- ☐ ☐ Disturbances in smell
- ☐ ☐ Dry mouth
- ☐ ☐ Sore tongue
- ☐ ☐ Other: _____

Gastrointestinal and Hepatic

C P
- ☐ ☐ Nausea or vomiting
- ☐ ☐ Abdominal (stomach/belly) pain
- ☐ ☐ Anal itching
- ☐ ☐ Painful bowel movements
- ☐ ☐ Infrequent bowel movements
- ☐ ☐ Liquid bowel movements
- ☐ ☐ Loss of bowel control
- ☐ ☐ Frequent belching or gas
- ☐ ☐ Vomiting blood
- ☐ ☐ Rectal bleeding (red or black blood)
- ☐ ☐ Jaundice (yellowing of skin)
- ☐ ☐ Other: _____

Musculoskeletal

C P
- ☐ ☐ Arthritis
- ☐ ☐ Back pain or stiffness
- ☐ ☐ Bone pain
- ☐ ☐ Joint pain or stiffness
- ☐ ☐ Leg pain
- ☐ ☐ Muscle cramps or pain
- ☐ ☐ Other: _____

Skin and Hair

C P
- ☐ ☐ Dry hair or skin
- ☐ ☐ Itchy skin or scalp
- ☐ ☐ Easy bruising
- ☐ ☐ Hair loss
- ☐ ☐ Increased perspiration
- ☐ ☐ Sun sensitivity
- ☐ ☐ Other: _____

Genitourinary

C P
- ☐ ☐ Itchy privates or genitals
- ☐ ☐ Painful urination
- ☐ ☐ Excessive urination
- ☐ ☐ Difficulty in starting urine
- ☐ ☐ Accidental wetting of self
- ☐ ☐ Other: _____

Females

C P
- ☐ ☐ No menses
- ☐ ☐ Menstrual irregularity
- ☐ ☐ Painful or heavy periods
- ☐ ☐ Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps, and headache
- ☐ ☐ Abnormal vaginal discharge
- ☐ ☐ Other: _____

Males

C P
- ☐ ☐ Scrotal pain
- ☐ ☐ Abnormal penis discharge
- ☐ ☐ Other: _____

Illnesses

C P
- ☐ ☐ Pneumonia
- ☐ ☐ Hypothyroidism
- ☐ ☐ Hyperthyroidism
- ☐ ☐ Chronic Fatigue Syndrome
- ☐ ☐ Fibromyalgia
- ☐ ☐ Encephalitis
- ☐ ☐ Meningitis
- ☐ ☐ Lyme Disease
- ☐ ☐ Lupus
- ☐ ☐ Epstein - Barr virus (Mononucleosis)
- ☐ ☐ Fevers over 105°
- ☐ ☐ Autoimmune Disorder
- ☐ ☐ Other: _____

Surgical Procedures

- ☐ Tonsillectomy
- ☐ Adenoidectomy
- ☐ Myringotomy (ear tubes)
- ☐ Appendectomy
- ☐ Hernia repair
- ☐ Other: _____

Diet History:
Age breastfeeding was weaned: _____ Age bottle-feeding was weaned: _____
Would you consider your child's diet mostly healthy or unhealthy? _____
Food allergies/sensitivities: ☐ Yes ☐ No – If yes, please list: _____
Is your child currently on a restricted diet (vegetarian, high protein only, etc.)? ☐ Yes ☐ No
If yes, please list restrictions: _____
Any experience with a gluten-free diet? ☐ Yes ☐ No – If yes, please list results: _____
Any experience with a casein-free diet? ☐ Yes ☐ No – If yes, please list results: _____
Caffeine consumption per day (coffee, soda, tea, chocolate, etc.): _____
How many days a week does your child eat fruits: _____ vegetables: _____ breakfast: _____

Alcohol and Drug History: _____
_____
_____

Sleep Behavior:
Problems falling asleep? _____
Problems staying asleep? _____
Problems waking up? _____
On average, how many hours does your child sleep per night? _____
History of sleepwalking, recurrent dreams, sleep apnea, heavy snoring, or sleep bruxism (grinding his/her teeth)? _____
_____

Biological Mother's History: ☐ Living; Age: ____ ☐ Deceased; Age: ____ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____
_____
Behavioral/emotional problems: _____
Has mother ever had learning or psychiatric problems? ☐ Yes ☐ No
If yes, please explain and indicate if treatment was sought: _____
_____
Alcohol/drug use history: _____
_____
Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations? (Specify): _____
_____

Biological Father's History: ☐ Living; Age: ____ ☐ Deceased; Age: ____ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____
_____
Behavior/emotional problems: _____
Has father ever had learning or psychiatric problems? ☐ Yes ☐ No

If yes, please explain and indicate if treatment was sought: _____

_____

Alcohol/drug use history: _____

_____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?
(Specify): _____

_____

Step or Adopted Mother's History: ☐ Living; Age: ___ ☐ Deceased; Age: ___ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____

_____

Behavioral/emotional problems: _____
Has mother ever had learning or psychiatric problems? ☐ Yes ☐ No
If yes, please explain and indicate if treatment was sought: _____

_____

Alcohol/drug use history: _____

_____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?
(Specify): _____

_____

Step or Adopted Father's History: ☐ Living; Age: ___ ☐ Deceased; Age: ___ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____

_____

Behavior/emotional problems: _____
Has father ever had learning or psychiatric problems? ☐ Yes ☐ No
If yes, please explain and indicate if treatment was sought: _____

_____

Alcohol/drug use history: _____

_____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?
(Specify): _____

_____

Patient's Siblings (Include names, ages, relationship to patient and indicate if any of the patient's siblings ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations): _____

_____

_____

CHILD'S DEVELOPMENTAL HISTORY

Prenatal Events:
Parents' attitude toward pregnancy: _____
Conception ease: _____ planned _____ unplanned
Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc.): _____
_____

Birth and Postnatal Period:
Birth weight: _____ Length: _____ Labor duration: _____ Delivery: ____ Vaginal ____ C-section
Problems: _____
APGAR scores (if known): _____ Jaundice: Yes _____ No _____ Time in hospital: _____
Complications: _____
_____

Mother's Health After Delivery: _____
Post-partum depression: Yes _____ No _____ If yes, how long? _____

Primary Caretaker for Child:
First year: _____ Thereafter: _____

Sexual Development: Has your child demonstrated any inappropriate sexual behavior towards others, or do you have any general concerns about his/her sexual behavior? _____
_____
_____

Physical/Sexual Abuse: _____
_____
_____

Motor Development: (please write in age; parentheses are approximate normal limits)
Rolled over (3-5m): _____ Sat without support (5-7m): _____ Crawled (5-8m): _____
Walked well (11-16m): _____ Ran well (2y): _____ Rode tricycle (3y): _____
Threw ball overhand (4y): _____
Current level of activity/exercise: _____
Fine and gross motor coordination: _____ Compared to peers: _____

Language Development: (please write in age; parentheses are approximate normal limits)
Several words besides dada, mama (1y): _____ Named several objects, e.g. ball, cup (15m): _____
3 words together – subject, verb, object (24m): _____
Vocabulary: _____ Articulation: _____ Comprehension: _____
Compared to peers: _____
Current problems: _____

Social Development: (please write in age; parentheses are approximate normal limits)
Smiled (2m): _____ Shy with strangers (6-10m): _____ Separated from mother easily (2-3y): _____
Cooperative play with others (4y): _____
Quality of attachment to mother: _____ Quality of attachment to father: _____
Relationships to family members: _____
Early peer interactions: _____
Current peer interactions: _____
Special interests/hobbies: _____

Separations from Mother and/or Father: (age, duration, reaction) _____
_____
_____

Behavioral/Discipline: Compliance vs. non-compliance: _____
Lying/stealing: _____ Breaking rules: _____ Methods of discipline: _____
Other problems: _____

Emotional Development: Early temperament: _____
Current personality: _____
Mood: _____ Fears/phobias: _____
Habits: _____
Special objects (blankets, dolls, etc.): _____ Ability to express feelings: _____

Bowel and Bladder Training: Age reached bowel control: _____ day _____ night
Age reached bladder control: _____ day _____ night
Methods used: _____ Ease: _____ Current function: _____
_____

PSYCHOLOGICAL INFORMATION – This section includes how your child thinks, body image, significant developmental events, and any past psychological traumas.

Describe your child's predominant (or most frequent) thought patterns (positive, negative, trusting, suspicious) and feeling patterns (anxious, sad, depressed, etc.): _____
_____
_____

Significant developmental events (include marriages, separations, divorces, deaths, traumatic events, losses, abuse, etc.): _____
_____
_____

Significant perceived successes: _____
_____

Significant perceived failures: _____

_____

What is your child's relationship like with his/her mother? _____

_____

_____

What is your child's relationship like with his/her father? _____

_____

_____

Describe your child's body image or perception of how he/she looks: _____

_____

Describe your child's strengths: _____

_____

Describe your child's hope or goals for the future: _____

_____

SOCIAL INFORMATION

Current Life Stressors: (Please list current sources of stress for your child and in the family.) _____

_____

_____

School History: Current grade: _____ School contact: _____
Number of schools attended: _____ Average grades: _____
Homework problems: _____
Specific learning disabilities: _____
Strengths: _____
What have teachers said about your child? _____

_____

Legal Problems: _____

Family Structure: (Who lives in your child's current household? Please describe how he/she gets along with each person.) _____

_____

_____

Current Marital Situation/Satisfaction of Parents: _____

_____

Cultural/Ethnic Background: _____
_____

Describe the health of your child's family, friends, and the people with whom he/she spends the most time: _____
_____

SPIRITUAL INFORMATION – This section is about meaning and purpose.
(Guardians, please do your best to answer the following questions on your child's behalf.)

What is your child's spiritual background: _____
_____
_____

What motivates your child to be healthy? _____
_____
_____

Does your child have a sense of meaning and purpose in life? If so, what is it? _____
_____
_____

Does your child consistently act in a way that is consistent with his/her goals in life? _____
_____
_____

What spiritual practices has your child tried, such as meditation/prayer, etc? _____
_____
_____

Has your child had any unusual spiritual experiences, including out of body or near death experiences? _____
_____

Amen Clinics Child Screening
Master Questionnaire

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Parents, please rate your child on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	1.	Fails to pay close attention to details or makes careless mistakes
____	____	2.	Trouble sustaining attention
____	____	3.	Does not seem to listen when spoken to directly
____	____	4.	Poor follow through
____	____	5.	Disorganized
____	____	6.	Avoids tasks that require sustained effort
____	____	7.	Loses things
____	____	8.	Easily distracted
____	____	9.	Forgetful
____	____	10.	Fidgety
____	____	11.	Trouble sitting still
____	____	12.	Restless
____	____	13.	Unable to play or engage in leisure activities quietly
____	____	14.	“On the go" or acting as if "driven by a motor"
____	____	15.	Talks excessively
____	____	16.	Blurts out answers before questions have been completed (e.g., completes people's sentences, cannot wait for turn in conversation)
____	____	17.	Difficulty waiting turn (e.g., while waiting in line)
____	____	18.	Interrupts others
____	____	19.	Makes decisions or behaves impulsively (e.g., saying or doing things without thinking)
____	____	20.	Difficulty delaying what he/she wants
____	____	21.	Accident prone
____	____	22.	Overwhelmed by the tasks of everyday living
____	____	23.	Difficulty expressing feelings
____	____	24.	Difficulty expressing empathy for others
____	____	25.	Late or in a hurry
____	____	26.	Gets stuck on negative thoughts or behaviors
____	____	27.	Experiences recurrent bothersome thoughts or images he/she tries to ignore
____	____	28.	Exhibits compulsive behaviors (such as excessive hand washing, checking locks,

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

counting, or spelling) to avoid feeling anxious

____ ____ 29. Worries
____ ____ 30. Becomes upset when things do not go his/her way
____ ____ 31. Becomes upset when things are out of place
____ ____ 32. Oppositional or argumentative
____ ____ 33. Dislikes change
____ ____ 34. Holds grudges
____ ____ 35. Holds onto own opinion and does not seem to listen to others
____ ____ 36. Tends to say no without first thinking about the question
____ ____ 37. Needs to be perfect
____ ____ 38. Depressed or sad mood
____ ____ 39. Crying spells
____ ____ 40. Negativity
____ ____ 41. Decreased interest in people or pleasurable activities
____ ____ 42. Feels worthless, helpless, hopeless, or guilty
____ ____ 43. Fatigue, feeling tired, or lack of energy
____ ____ 44. Decreased concentration or memory
____ ____ 45. Recurrent thoughts of death or suicide
____ ____ 46. Insomnia or trouble sleeping
____ ____ 47. Excessive sleeping
____ ____ 48. Irritable or easily agitated
____ ____ 49. Recent decrease in appetite or weight
____ ____ 50. Recent increase in appetite or weight
____ ____ 51. Significant mood swings or cycles
____ ____ 52. Periods of an elevated, high, or irritable mood
____ ____ 53. Periods of a very high self-esteem or grandiose thinking
____ ____ 54. Periods of decreased need for sleep without feeling tired
____ ____ 55. Periods of being more talkative than usual or feeling pressure to keep talking
____ ____ 56. Racing thoughts or frequently jumping from one subject to another
____ ____ 57. Easily distracted by irrelevant things
____ ____ 58. Experiences a marked increase in physical activity level
____ ____ 59. Excessive involvement in pleasurable activities that have a high risk for negative consequences (e.g., jumping off roofs, playing in traffic, engaging in dangerous pranks)
____ ____ 60. Anxious, tense, or nervous
____ ____ 61. Panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month ____)
____ ____ 62. Fear of dying
____ ____ 63. Fear of going crazy or doing something out-of-control
____ ____ 64. Predicts the worst
____ ____ 65. Avoids conflict

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 66. Excessive motivation or can't stop working
____ ____ 67. Freezes in anxious or upsetting situations
____ ____ 68. Shy or timid
____ ____ 69. Easily embarrassed
____ ____ 70. Sensitive to criticism
____ ____ 71. Bites fingernails or picks at skin
____ ____ 72. Lacks confidence in abilities
____ ____ 73. Needs a lot of reassurance
____ ____ 74. Avoids everyday places for 1) fear of having a panic attack, or 2) needing to go with other people in order to feel comfortable
____ ____ 75. Recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.), please list: _____
____ ____ 76. Recurrent distressing dreams of a past upsetting event
____ ____ 77. Reliving a past upsetting event
____ ____ 78. Panic or fear of events that resemble an upsetting past event
____ ____ 79. Spends effort avoiding thoughts or feelings associated with a past trauma
____ ____ 80. Avoids activities/situations which remind him/her of a past upsetting event
____ ____ 81. Unable to recall an important aspect of a past upsetting event
____ ____ 82. Feels detached or distant from others
____ ____ 83. Feels numb or restricted in feelings
____ ____ 84. Feels that his/her future is shortened
____ ____ 85. Quick to startle
____ ____ 86. Watches for bad things to happen
____ ____ 87. Has a physical response to events that remind him/her of a past upsetting event (e.g., sweating, increased pulse, etc. when getting in a car if he/she had been in a car accident)
____ ____ 88. Excessive fear of being judged by others, which causes him/her to avoid or get anxious in situations
____ ____ 89. Persistent, excessive phobia (e.g., heights, closed spaces, specific animals, etc.), please list: _____
____ ____ 90. Involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking, or picking)
____ ____ 91. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, or swearing)
____ ____ 92. Stutters
____ ____ 93. Refuses to maintain body weight above a level that most people consider healthy
____ ____ 94. Intense fear of gaining weight or becoming overweight even though he/she is underweight
____ ____ 95. Feels overweight, even though others say he/she is underweight
____ ____ 96. Recurrent episodes of binge eating large amounts of food

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	97.	Feels a lack of control over eating behavior
____	____	98.	Purges food, such as self-induced vomiting or using laxatives or diuretics; partaking in strict dieting, or partaking in strenuous exercise
____	____	99.	Overly concerned with body shape and/or weight
____	____	100.	Unpredictable moods
____	____	101.	Irritability, short fuse, or easily angered
____	____	102.	Misinterprets comments as negative when they are not
____	____	103.	Experiences illusions, such as hearing sounds that are not there (e.g., muffled voices or shots being fired); visual distortions (e.g., seeing shadows or things get bigger or smaller than they really are); or smelling odors not present (e.g., burned rubber)
____	____	104.	Periods of *déjà vu* (the feeling of being somewhere he/she has never been)
____	____	105.	Dark, disturbing, or troubling thoughts
____	____	106.	Trouble reading the body language or facial expressions of others
____	____	107.	Trouble learning new information
____	____	108.	Memory problems
____	____	109.	Trouble remembering recent events
____	____	110.	Difficulty memorizing things for school or work
____	____	111.	Delusional or bizarre thoughts (thoughts he/she knows others would think are false)
____	____	112.	Auditory or visual hallucinations
____	____	113.	Periods of time where thoughts or speech were disjointed or didn't make sense to others
____	____	114.	Impaired ability to function at home or at work
____	____	115.	Lacks personal hygiene or grooming
____	____	116.	Exhibits inappropriate mood for a given situation (e.g., laughing at sad events)
____	____	117.	Frequent feelings that someone or something is out to hurt or discredit him/her
____	____	118.	Is a poor reader
____	____	119.	Makes mistakes when reading, such as skipping words or lines
____	____	120.	Has problems remembering what he/she read even though he/she just read all the words
____	____	121.	Reverses or switches letters when reading (such as b/d, p/q)
____	____	122.	Light sensitive and bothered by glare, sunlight, headlights, or streetlights
____	____	123.	Becomes tired or experiences headaches, mood changes, restlessness, or has an inability to stay focused with bright or fluorescent lights
____	____	124.	Has trouble reading words that are on white, glossy paper
____	____	125.	When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive
____	____	126.	Tense, tired, sleepy, or even gets headaches with reading
____	____	127.	Problems judging distance and difficulty with such things as escalators, stairs, ball sports, or driving
____	____	128.	Poor handwriting or prefers to print rather than to write in cursive

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 129. Trouble getting thoughts from his/her brain to the paper
____ ____ 130. Tends to keep notebook/paperwork/room messy or disorganized
____ ____ 131. Frequently late or in a hurry
____ ____ 132. Clumsy
____ ____ 133. More sensitive to lights, sounds, or smells than others
____ ____ 134. Sensitive to touch or tags in clothing
____ ____ 135. Few or no friends
____ ____ 136. Feels uncomfortable around people whom he/she does not know well
____ ____ 137. Teased by others
____ ____ 138. Friends who do not call and ask him/her to do things with them
____ ____ 139. Trouble with communication by at least one of the following (please circle all that apply):
    a) Has delayed or total lack of spoken language;
    b) Has marked impairment in ability to initiate or sustain a conversation with others;
    c) Has repetitive use of language or odd language.
____ ____ 140. Trouble with social interaction by at least two of the following (please circle all that apply):
    a) Has marked impairment in the use of nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
    b) Fails to develop peer relationships;
    c) Lack of spontaneity in seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
    d) Lack of social or emotional reciprocity.
____ ____ 141. Exhibits repetitive patterns of behavior, interests, and activities by at least one of the following (please circle all that apply):
    a) Has preoccupation with something that is abnormal either in intensity or focus;
    b) Has rigid adherence to specific, nonfunctional routines or rituals;
    c) Has repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
    d) Has persistent preoccupation with parts of objects.
____ ____ 142. Trouble getting or staying asleep
____ ____ 143. Restless sleep
____ ____ 144. Worries he/she won't be able to fall asleep
____ ____ 145. Early morning awakenings with trouble getting back to sleep
____ ____ 146. Wakes up tired and unrefreshed
____ ____ 147. Nightmares
____ ____ 148. Loud snoring
____ ____ 149. Stops breathing during sleep
____ ____ 150. Gets more than 7 hours of sleep at night

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 151. Craves sweets during the day
____ ____ 152. Irritable or easily upset if meals are missed
____ ____ 153. Depends on caffeine to get started or to keep him/her going
____ ____ 154. Gets lightheaded or shaky if meals are missed
____ ____ 155. Eating relieves fatigue
____ ____ 156. Puts self at risk for brain injuries, by doing such things as not wearing seat belt, engaging in high-risk sports, etc.
____ ____ 157. Chronic stress at school or home
____ ____ 158. Thoughts tend to be negative, worried, or angry
____ ____ 159. Problems getting at least 8 hours of sleep a night
____ ____ 160. Drinks one or more sugary sodas a day
____ ____ 161. Consumes food or drinks with artificial sweeteners or colors
____ ____ 162. Is around environmental toxins, such as paint fumes, hair or nail salon fumes, or pesticides
____ ____ 163. Spends more than one hour a day watching TV
____ ____ 164. Spends more than one hour a day playing video games
____ ____ 165. Outside of schoolwork, spends more than one hour a day on the computer
____ ____ 166. Tends to have a poor and haphazard diet
____ ____ 167. Exercises less than twice per week
____ ____ 168. Exposed to secondhand smoke
____ ____ 169. Persistently refuses to go to school
____ ____ 170. Excessive anxiety concerning separation from home or from those to whom he/she is attached
____ ____ 171. Wets the bed (if so, how often? _____)
____ ____ 172. Fails to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations
____ ____ 173. Aggressive behavior toward others
____ ____ 174. Frequent physical altercations with others
____ ____ 175. Use of a weapon to harm others
____ ____ 176. Deliberately physically cruel to other people
____ ____ 177. Deliberately cruel to animals
____ ____ 178. Involvement in confrontational economic order crime (e.g., mugging)
____ ____ 179. Has perpetrated a forcible sex act on another
____ ____ 180. Property destruction by arson
____ ____ 181. Has engaged in non-confrontational economic order crime (e.g., breaking and entering)
____ ____ 182. Has engaged in non-confrontational retail theft (e.g., shoplifting)
____ ____ 183. Disregarded parent's curfew prior to age 13
____ ____ 184. Has run away from home at least two times
____ ____ 185. Has been truant before age 13
____ ____ 186. Loses temper

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 187. Argues with adults
____ ____ 188. Actively defies or refuses to comply with adult's requests or rules
____ ____ 189. Deliberately annoys people
____ ____ 190. Blames others for mistakes or misbehavior
____ ____ 191. Touchy or easily annoyed by others
____ ____ 192. Angry and resentful
____ ____ 193. Spiteful and vindictive

PROMIS Outcome Questions

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Global Health Outcomes

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

1. In general, would you say child's health is: ____
2. In general, would you say child's quality of life is: ____
3. In general, how would you rate child's physical health? ____
4. In general, how would you rate child's mental health, including his or her mood and ability to think? ____
5. In general, how would you rate child's satisfaction with his or her social activities and relationships? ____
6. In general, please rate how well child carries out his or her usual social activities and roles. (This includes activities at home, school, or with friends.) ____

Completely	Mostly	Moderately	A little	Not at all
5	4	3	2	1

7. To what extent is your child able to carry out his/her everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? ____

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

8. In the past 7 days, how often has your child been bothered by emotional problems such as feeling anxious, depressed, or irritable? ____

None	Mild	Moderate	Severe	Very Severe
1	2	3	4	5

9. In the past 7 days, how would you rate your child's fatigue on average? ____

No Pain									Worst imaginable pain
1	2	3	4	5	6	7	8	9	10

10. In the past 7 days, how would you rate your child's pain on average? ____

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

In the past 7 days …

11. My child felt nervous ____
12. My child felt scared ____
13. My child felt worried ____
14. My child felt something awful might happen ____
15. My child worried when he/she was at home ____
16. My child got scared easily ____
17. My child worried about what could happen to him/her ____
18. My child worried when he/she went to bed at night ____
19. My child felt mad ____
20. My child was so angry he/she felt like yelling at somebody ____
21. My child was so angry he/she felt like throwing something ____
22. My child felt upset ____
23. When my child got mad, he/she stayed mad ____
24. My child could not stop feeling sad ____
25. My child felt everything in his/her life went wrong ____
26. My child felt like he/she couldn't do anything right ____
27. My child felt lonely ____
28. My child felt unhappy ____
29. It was hard for my child to have fun ____
30. My child felt like he/she had nothing to look forward to ____
31. Nothing could cheer up my child ____
32. My child has a negative attitude toward himself/herself ____
33. My child feels accepted by other kids his/her age ____
34. My child is able to count on his/her friends ____
35. My child is good at making friends ____
36. Other kids want to be with my child ____
37. My child is disorganized ____
38. My child has to work harder than usual to keep track of what he/she is doing ____
39. My child is easily distracted ____
40. My child is finding it really hard to pay attention ____
41. My child has problems with memory ____
42. My child is impulsive ____

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

43. How would you rate your child's motivation to make the changes necessary to achieve his/her desired outcome? ____
44. How would you rate your child's current school functioning? ____

Amen Clinics Brain System Checklist For Mothers

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This form should be filled out by the *biological or adopted mother on herself*, if possible. If it is not possible please have it filled out by someone who knows her well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the father or other person who knows the biological mother rate her as well. Please list who filled this out. _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Mother		
____	____	1.	Fail to pay close attention to details or make careless mistakes
____	____	2.	Trouble sustaining attention
____	____	3.	Trouble listening
____	____	4.	Fail to finish things
____	____	5.	Poor organization for time or space (e.g., backpack, room, desk, paperwork)
____	____	6.	Avoid tasks that require sustained effort
____	____	7.	Lose things
____	____	8.	Easily distracted
____	____	9.	Forgetful
____	____	10.	Poor planning skills
____	____	11.	Lack clear goals or forward thinking
____	____	12.	Difficulty expressing feelings
____	____	13.	Difficulty expressing empathy for others
____	____	14.	Excessive daydreaming
____	____	15.	Feel bored
____	____	16.	Feel apathetic or unmotivated
____	____	17.	Feel tired, sluggish or slow moving
____	____	18.	Feel spacey or “in a fog”
____	____	19.	Fidgety, restless, or trouble sitting still
____	____	20.	Difficulty remaining seated in situations where remaining seated is expected
____	____	21.	Hyperactive in situations in which it is inappropriate
____	____	22.	Difficult working or relaxing quietly
____	____	23.	Always "on the go" or act as if "driven by a motor"
____	____	24.	Talk excessively
____	____	25.	Blurt out answers before questions have been completed
____	____	26.	Difficulty waiting for turn
____	____	27.	Interrupt or intrude on others (e.g., butting into conversations or games)
____	____	28.	Behave impulsively (say or doing things without thinking first)

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Mother		
____	____	29.	Worry excessively or senselessly
____	____	30.	Upset when things do not go your way
____	____	31.	Upset when things are out of place
____	____	32.	Oppositional or argumentative
____	____	33.	Repetitive negative thoughts
____	____	34.	Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious
____	____	35.	Dislike change
____	____	36.	Hold grudges
____	____	37.	Trouble shifting attention from subject to subject
____	____	38.	Trouble shifting behavior from task to task
____	____	39.	Difficulty seeing options in situations
____	____	40.	Hold on to own opinion and not listen to others
____	____	41.	Get locked into a course of action, whether or not it is good
____	____	42.	Need to have things done a certain way or else becoming very upset
____	____	43.	Others complain that you worry too much
____	____	44.	Say no without first thinking about the question
____	____	45.	Predict fear
____	____	46.	Frequently feel sad
____	____	47.	Feel moody
____	____	48.	Negativity
____	____	49.	Low energy
____	____	50.	Irritable
____	____	51.	Decreased interest in other people
____	____	52.	Decreased interest in things that are usually fun or pleasurable
____	____	53.	Feel hopeless about the future
____	____	54.	Feel helpless or powerless
____	____	55.	Feel dissatisfied or bored
____	____	56.	Feel excessive guilt
____	____	57.	Suicidal feelings
____	____	58.	Crying spells
____	____	59.	Lowered interest in things that are usually considered fun
____	____	60.	Experience sleep changes (too much or too little)
____	____	61.	Experience appetite changes (too much or too little)
____	____	62.	Chronic low self-esteem
____	____	63.	Negative sensitivity to smells/odors
____	____	64.	Frequently feel nervous or anxious
____	____	65.	Experience panic attacks
____	____	66.	Periods of heightened muscle tension (such as headaches, sore muscles, hand tremors)
____	____	67.	Periods of a pounding heart, a rapid heart rate, or chest pain

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Mother		
____	____	68.	Periods of troubled breathing or feeling smothered
____	____	69.	Periods of dizziness, faintness, or feeling unsteady on your feet
____	____	70.	Feel nausea or have an upset stomach
____	____	71.	Periods of sweating, hot flashes, or cold flashes
____	____	72.	Predict the worst
____	____	73.	Fear of dying or doing something crazy
____	____	74.	Avoid places for fear of having an anxiety attack
____	____	75.	Avoid conflict
____	____	76.	Excessive fear of being judged or scrutinized by others
____	____	77.	Persistent phobias
____	____	78.	Low motivation
____	____	79.	Excessive motivation
____	____	80.	Experience tics (either motor or vocal)
____	____	81.	Poor handwriting
____	____	82.	Quick to startle
____	____	83.	Freeze in anxiety-provoking situations
____	____	84.	Lack confidence in abilities
____	____	85.	Shy or timid
____	____	86.	Easily embarrassed
____	____	87.	Sensitive to criticism
____	____	88.	Bite fingernails or pick at skin
____	____	89.	Short fuse or easily angered
____	____	90.	Periods of rage with little provocation
____	____	91.	Often misinterpret comments as negative when they are not
____	____	92.	Irritability tends to build, then explodes, then recedes, often being tired after a rage
____	____	93.	Periods of spaciness and/or confusion
____	____	94.	Periods of panic and/or fear for no specific reason
____	____	95.	Experience visual and/or auditory changes, such as seeing shadows or hearing muffled sounds
____	____	96.	Frequent periods of *déjà vu* (the feeling of being somewhere you have never been)
____	____	97.	Sensitive or mildly paranoid
____	____	98.	Experience headaches or abdominal pain of uncertain origin
____	____	99.	History of a head injury
____	____	100.	Family history of violence or explosiveness
____	____	101.	Dark thoughts, ones that may involve suicidal or homicidal thoughts
____	____	102.	Periods of forgetfulness or memory problems

Amen Clinics Brain System Checklist For Fathers

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This form should be filled out by the *biological or adopted father on himself,* if possible. If it is not possible please have it filled out by someone who knows him well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the mother or other person who knows the biological father rate him as well. Please list who filled this out. _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Father		
____	____	1.	Fail to pay close attention to details or make careless mistakes
____	____	2.	Trouble sustaining attention
____	____	3.	Trouble listening
____	____	4.	Fail to finish things
____	____	5.	Poor organization for time or space (e.g., backpack, room, desk, paperwork)
____	____	6.	Avoid tasks that require sustained effort
____	____	7.	Lose things
____	____	8.	Easily distracted
____	____	9.	Forgetful
____	____	10.	Poor planning skills
____	____	11.	Lack clear goals or forward thinking
____	____	12.	Difficulty expressing feelings
____	____	13.	Difficulty expressing empathy for others
____	____	14.	Excessive daydreaming
____	____	15.	Feel bored
____	____	16.	Feel apathetic or unmotivated
____	____	17.	Feel tired, sluggish or slow moving
____	____	18.	Feel spacey or “in a fog”
____	____	19.	Fidgety, restless, or trouble sitting still
____	____	20.	Difficulty remaining seated in situations where remaining seated is expected
____	____	21.	Hyperactive in situations in which it is inappropriate
____	____	22.	Difficult working or relaxing quietly
____	____	23.	Always "on the go" or act as if "driven by a motor"
____	____	24.	Talk excessively
____	____	25.	Blurt out answers before questions have been completed
____	____	26.	Difficulty waiting for turn
____	____	27.	Interrupt or intrude on others (e.g., butting into conversations or games)
____	____	28.	Behave impulsively (say or doing things without thinking first)

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Father		
____	____	29.	Worry excessively or senselessly
____	____	30.	Upset when things do not go your way
____	____	31.	Upset when things are out of place
____	____	32.	Oppositional or argumentative
____	____	33.	Repetitive negative thoughts
____	____	34.	Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious
____	____	35.	Dislike change
____	____	36.	Hold grudges
____	____	37.	Trouble shifting attention from subject to subject
____	____	38.	Trouble shifting behavior from task to task
____	____	39.	Difficulty seeing options in situations
____	____	40.	Hold on to own opinion and not listen to others
____	____	41.	Get locked into a course of action, whether or not it is good
____	____	42.	Need to have things done a certain way or else becoming very upset
____	____	43.	Others complain that you worry too much
____	____	44.	Say no without first thinking about the question
____	____	45.	Predict fear
____	____	46.	Frequently feel sad
____	____	47.	Feel moody
____	____	48.	Negativity
____	____	49.	Low energy
____	____	50.	Irritable
____	____	51.	Decreased interest in other people
____	____	52.	Decreased interest in things that are usually fun or pleasurable
____	____	53.	Feel hopeless about the future
____	____	54.	Feel helpless or powerless
____	____	55.	Feel dissatisfied or bored
____	____	56.	Feel excessive guilt
____	____	57.	Suicidal feelings
____	____	58.	Crying spells
____	____	59.	Lowered interest in things that are usually considered fun
____	____	60.	Experience sleep changes (too much or too little)
____	____	61.	Experience appetite changes (too much or too little)
____	____	62.	Chronic low self-esteem
____	____	63.	Negative sensitivity to smells/odors
____	____	64.	Frequently feel nervous or anxious
____	____	65.	Experience panic attacks
____	____	66.	Periods of heightened muscle tension (such as headaches, sore muscles, hand tremors)
____	____	67.	Periods of a pounding heart, a rapid heart rate, or chest pain

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Father		
____	____	68.	Periods of troubled breathing or feeling smothered
____	____	69.	Periods of dizziness, faintness, or feeling unsteady on your feet
____	____	70.	Feel nausea or have an upset stomach
____	____	71.	Periods of sweating, hot flashes, or cold flashes
____	____	72.	Predict the worst
____	____	73.	Fear of dying or doing something crazy
____	____	74.	Avoid places for fear of having an anxiety attack
____	____	75.	Avoid conflict
____	____	76.	Excessive fear of being judged or scrutinized by others
____	____	77.	Persistent phobias
____	____	78.	Low motivation
____	____	79.	Excessive motivation
____	____	80.	Experience tics (either motor or vocal)
____	____	81.	Poor handwriting
____	____	82.	Quick to startle
____	____	83.	Freeze in anxiety-provoking situations
____	____	84.	Lack confidence in abilities
____	____	85.	Shy or timid
____	____	86.	Easily embarrassed
____	____	87.	Sensitive to criticism
____	____	88.	Bite fingernails or pick at skin
____	____	89.	Short fuse or easily angered
____	____	90.	Periods of rage with little provocation
____	____	91.	Often misinterpret comments as negative when they are not
____	____	92.	Irritability tends to build, then explodes, then recedes, often being tired after a rage
____	____	93.	Periods of spaciness and/or confusion
____	____	94.	Periods of panic and/or fear for no specific reason
____	____	95.	Experience visual and/or auditory changes, such as seeing shadows or hearing muffled sounds
____	____	96.	Frequent periods of *déjà vu* (the feeling of being somewhere you have never been)
____	____	97.	Sensitive or mildly paranoid
____	____	98.	Experience headaches or abdominal pain of uncertain origin
____	____	99.	History of a head injury
____	____	100.	Family history of violence or explosiveness
____	____	101.	Dark thoughts, ones that may involve suicidal or homicidal thoughts
____	____	102.	Periods of forgetfulness or memory problems

Amen Clinics Child Questionnaires
Scoring Keys

AMEN CLINICS CHILD SCREENING MASTER QUESTIONNAIRE SCORING KEY

Prefrontal Cortex (PFC) Symptoms: Questions 1 – 25

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

ADHD:

ADHD Inattentive Symptoms: Questions 1 – 9

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Hyperactivity-Impulsivity Symptoms: Questions 10 – 18

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Impulsive Symptoms: Questions 16 – 21

Highly probable	4/5 questions with 3 or 4
Probable	3 questions with 3 or 4
May be possible	2 questions with 3 or 4

Overfocused:

Overfocused Symptoms: Questions 26 – 37

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

OCD: Questions 27 – 28

Highly probable	2 questions with 3 or 4
Probable	1 questions with 3 or 4

Limbic:

Limbic Symptoms /Depression: Questions 38 – 50

Highly probable	7 questions with 3 or 4
Probable	5 questions with 3 or 4
May be possible	4 questions with 3 or 4

Bipolar Tendencies: Question 51 plus 52 – 59 (at least 3 with a score of 3 or 4)

Basal Ganglia:

Basal Ganglia/Generalized Anxiety Disorder: Questions 60 – 73

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Panic Disorder: Question 61 with a score of 3 or 4

Agoraphobia: Question 74 with or without panic disorder (score of 3 or 4)

Posttraumatic Stress Disorder: Questions 75 – 79 (at least 2 with a score of 3 or 4) plus 80 – 87 (at least 2 with a score of 3 or 4)

Social Anxiety: Question 88 (score of 3 or 4)

Simple Phobia: Question 89 (score of 3 or 4)

Tourette's or other Tic Disorders: Questions 90 – 91 (1 with a score of 3 or 4)

Stuttering: Question 92 (with a score of 3 or 4)

Eating Issues:

Anorexia Nervosa: Questions 93 – 95 (at least 2 with a score of 3 or 4)

Bulimia Nervosa: Questions 96 – 99 (at least 2 with a score of 3 or 4)

Temporal Lobes:

Temporal Lobe Symptoms (TLS) Pure: Questions 100 – 105

Highly probable	4 questions with 3 or 4
Probable	3 questions with 3 or 4
May be possible	2 questions with 3 or 4

Temporal Lobe Symptoms (TLS) Memory/Learning: Questions 106 – 110

Highly probable	4 questions with 3 or 4
Probable	3 questions with 3 or 4
May be possible	2 questions with 3 or 4

Psychosis/Schizophrenia: Questions 111 – 117 (at least 2 with a score of 3 or 4)

Learning Issues:

Reading/Dyslexia: Questions 118 – 121 (at least 2 with a score of 3 or 4)

Irlen Syndrome: Questions 122 – 127 (at least 2 with a score of 3 or 4)

Handwriting: Question 128 (with a score of 3 or 4)

Finger Agnosia: Question 129 (with a score of 3 or 4)

Disorganization: Questions 130 – 131 (at least 1 with a score of 3 or 4)

Developmental Coordination Issues: Question 132 (with a score of 3 or 4)

Sensory Processing Issues: Questions 133 – 134 (at least 1 with a score of 3 or 4)

Social Skill Issues: Questions 135 – 138 (at least 2 with a score of 3 or 4)

Autistic Spectrum: Questions 139 – 141 (at least 2 with a score of 3 or 4)

Sleep Issues:

Insomnia: Questions 142 – 147 (at least 2 with a score of 3 or 4)

Sleep Apnea: Questions 148 – 150 (at least 2 with a score of 3 or 4)

Hypoglycemia: Questions 151 – 155 (at least 2 with a score of 3 or 4)

Brain Healthy Habits: Questions 156 – 168

Add up the total score for all questions, not just the ones answered with 3 or 4.
If the score is between 0 – 6: Very good brain habits
If the score is between 7 – 12: Moderately good brain habits
If the score is between 13 – 20: Poor brain habits
If the score is more than 20: Very poor brain habits

School Refusal: Question 169 (with a score of 3 or 4)

Separation Anxiety: Question 170 (with a score of 3 or 4)

Enuresis: Question 171 (with a score of 3 or 4)

Selective Mutism: Question 172 (with a score of 3 or 4)

Conduct Disorder: Questions 173 – 186 (at least 4 with a score of 3 or 4)

Oppositional Defiant Disorder: Questions 187 – 193 (at least 4 with a score of 3 or 4)

PROMIS OUTCOME QUESTIONS SCORING KEY

Add up the total score for all questions, not just the ones answered with 3 or 4.

AMEN CLINICS BRAIN SYSTEM CHECKLIST SCORING KEY

Add up all of the questions answered as 3 or 4 in each section.

Prefrontal Cortex Symptoms (PFC)

Inattention Symptoms: Questions 1 through 18

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

Hyperactivity-Impulsivity Symptoms: Questions 19 through 28

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

Cingulate System Symptoms (CS): Questions 29 through 45

Highly probable	10 questions with 3 or 4
Probable	7 questions with 3 or 4
May be possible	4 questions with 3 or 4

Limbic System Symptoms (LS): Questions 46 through 63

Highly probable	10 questions with 3 or 4
Probable	7 questions with 3 or 4
May be possible	4 questions with 3 or 4

Basal Ganglia System Symptoms (BGS): Questions 64 through 88

Highly probable	10 questions with 3 or 4
Probable	7 questions with 3 or 4
May be possible	4 questions with 3 or 4

Temporal Lobe System Symptoms (TLS): Questions 89 through 102

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

SECTION II:

AMEN CLINICS TEEN INTAKE QUESTIONNAIRES

Section II includes detailed intake questionnaires for teens, which address the biological, psychological, social, and spiritual aspects of each patient's life. There are also comprehensive checklists that screen for psychiatric, learning, and brain system problems.

TEEN INTAKE QUESTIONNAIRES (great history taking tool) 2-1

- **Amen Clinics Teen Screening Master Questionnaire** 2-15
  Screens for Major Depression, Bipolar Disorder, Panic Disorder, Overanxious Disorder, School Phobia, Social Phobia, Simple Phobias, Separation Anxiety, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder, Anorexia Nervosa, Bulimia Nervosa, Motor Tics, Verbal Tics, Tourette's Syndrome, Stereotypic Movement Disorder, Encopresis, Enuresis, Selective Mutism, Psychotic Disorders, Paranoia, Reactive Attachment Disorder, Conduct Disorder, Oppositional Defiant Disorder, Autism, Asperger's Syndrome, Stuttering, Thyroid Abnormalities
- **Outcome Questions** 2-22
- **Amen Clinics Brain System Checklist For Mothers** 2-25
  Screens for Prefrontal Cortex, Anterior Cingulate Gyrus, Deep Limbic, Basal Ganglia, and Temporal Lobe Issues
- **Amen Clinics Brain System Checklist For Fathers** 2-28
  Screens for Prefrontal Cortex, Anterior Cingulate Gyrus, Deep Limbic, Basal Ganglia, and Temporal Lobe Issues
- **Amen Clinics Teen Questionnaires Scoring Keys** 2-31

Amen Clinics
Teen Intake Questionnaires

Parents, in order for us to be able to fully evaluate your teen, we request that you fill out the following intake form and questionnaires (as they pertain to your teen) to the best of your ability. This intake form is for teens age 13 and older. We realize that there is a lot of information and you may not remember or have access to all of it; do the best you can. If there is information that you do not want in your teen's medical chart, it is okay to refrain from entering it here. Thank you!

PATIENT IDENTIFICATION

Patient's Name: _____ SS#: _____ - _____ - _____ Sex: ☐ M ☐ F
Date of Birth: _____ Age: _____ Marital Status: _____ ☐ Dependent
Grade Level: _____ Race: _____ Religion: _____
Mother's Name: _____ Father's Name: _____
Home Address: _____
Home Phone: (_____)_____ Work/School Phone: (_____)_____
Cell Phone: (_____)_____ Fax Phone: (_____)_____
E-mail Address: _____ Occupation: _____ ☐ Student
Employer (School, if student): _____
Employer/School Address: _____

REFERRAL SOURCE

How did you first learn about the Amen Clinics? _____
Please complete the following if a professional referred you to our clinic.
Name: _____ Phone number: _____ Fax number: _____
Specialty/Credentials: _____
Address: _____

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems.)

_____
_____
_____
_____

WHY DID YOU SEEK THE EVALUATION AT THIS TIME? (What do you want this clinic to do for your teen, yourself, or your family?)

_____
_____
_____
_____

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

Please indicate if your teen has attempted the following treatments and how many providers he/she has seen:

- Psychiatrist: _____
- Neurologist: _____
- Alternative/Holistic/Naturopathic (include type): _____
- Therapy (include type and duration): _____
- Psychiatric Inpatient Hospitalization (if multiple attempts include overall duration): _____
- Outpatient Treatment Program (if multiple attempts indicate overall duration): _____
- Other: _____

Please list any prior diagnoses: _____

_____

BIOLOGICAL INFORMATION – This section is about the physical processes that make your teen who he/she is.

PRESENT and PAST MEDICATIONS

We included a detailed list of most psychiatric medications on pages 5-6 to be used as a reference. The information the doctor needs to know in order to do a thorough evaluation is:

1. The name of the medication
2. The mg dose (e.g., 20 mg)
3. The number of tablets or mg your teen took each day
4. The approximate dates taken – preferably in sequential order
5. Whether the medicine worked well, worked partially, or did not work at all
6. If your teen took any medications in combination with other medications
7. Any side effects or adverse effects from the medication

If you need more room, please attach another sheet.

Dates Taken	**Medication** *Individual or Combinations* *Dosage(s) and time(s) taken per day*	**Effectiveness**	**Side-Effects/Problems**
Ex: 3/2000-12/2005	**Example** *Ritalin 5 mg twice a day* *Prozac 10 mg in the a.m.*	**Example** *Somewhat effective*	**Example** *Very unfocused, hyperactive in evenings; dry mouth*
Dates Taken	**Medication**	**Effectiveness**	**Side-Effects/Problems**

MEDICATION REFERENCE LIST

ADD Medications

Adderall/Adderall XR *4 amphetamine salts*	Concerta *methylphenidate*	Cylert *pemoline*	Daytrana *methylphenidate transdermal*
Desoxyn *methamphetamine HCL*	Dexedrine *dextroamphetamine*	Dexedrine Spansules *dextroamphetamine*	Dextrostat *dextroamphetamine*
Focalin *dexmethylphenidate*	Focalin XR *dexmethylphenidate hydrochloride*	Intuniv *guanfacine*	Metadate *methylphenidate*
Metadate CR *methylphenidate hydrochloride*	Methylin *methylphenidate*	Provigil *modafinil*	Ritalin *methylphenidate*
Ritalin LA *methylphenidate*	Ritalin SR *methylphenidate*	Strattera *atomoxetine*	Vyvanse *lisdexamfetamine*

Antidepressants

Anafranil *clomipramine hcl*	Asendin *amoxapine*	Celexa *citalopram*	Cymbalta *duloxetine HCl*
Desyrel *trazodone*	Effexor/Effexor XR *venlafaxine*	Elavil *amitriptyline*	Eldepryl *selegiline HCl*
EMSAM *selegiline transdermal system*	Lexapro *escitalopram*	Ludiomil *maprotiline*	Luvox *fluvoxamine*
Marplan *isocarboxazid*	Nardil *phenelzine*	Norpramin *desipramine*	Pamelor *nortriptyline*
Parnate *tranylcypromine*	Paxil/Paxil CR *paroxetine*	Pristiq *desvenlafaxine extended release*	Prozac *fluoxetine*
Remeron *mirtazapine*	Serzone *nefazodone*	Sinequan *doxepin*	Surmontil *trimipramine*
Tofranil *imipramine*	Vivactil *protripfyline*	Wellbutrin/Wellbutrin SR or XL *bupropion*	Zoloft *sertaline*

Anti-Anxiety Medications

Ativan *lorazepam*	BuSpar *buspirone*	Klonopin *clonazepam*	Librium *chlordiazepoxide*
Serax *oxazepam*	Tranxene *clorazepate*	Valium *diazepam*	Visatril *hydroxyzine*
Xanax *alprazolam*			

Mood Stabilizers

Depakene *valproic acid*	Depakote *divalproex*	Dilantin *phenytoin*	Donnatal *phenobarbital*
Gabitril *tigabine*	Keppra *levetiracetam*	Lamictal *lamotrigine*	Lithium/Eskalith *lithium carbonate*
Lyrica *pregablin*	Neurontin *gabapentin*	Tegretol/Carbatrol/Tegretol XR *carbamazepeine*	Trileptal *oxcarbazepine*
Topamax *topiramate*	Zonegran *zonisamide*		

Anti-Tic Hypertensive Medications

Catapres *clonidine*	Inderal *propranolol*	Tenex *guanfacine*	

Anti-Psychotic Medications

Abilify *aripiprazole*	Clozaril *clozapine*	Geodon *ziprasidone HCl*	Haldol *haloperidol*
Invega *paliperidone*	Latuda *lurasidone*	Moban *molindone*	Navane *thiothixene*
Orap *pimozide*	Prolixin *fluphenazine*	Risperdal *risperidone*	Saphris *asenapine*
Serentil *mesoridazine*	Seroquel *quetiapine*	Stelazine *trifluoperazine*	Symbyax *olanzapine/fluoxetine HCl*
Trilafon *perphenazine*	Zydis *olanzapine*	Zyprexa *olanzapine*	

Movement Disorders

Artane *trihexyphenidyl*	Benadryl *diphenhydramine*	Cogentin *benztropine*	Symmetrel *amantadine*

Memory/Alzheimer's Medications

Aricept *donepezil HCl*	Exelon *revastigmine tartrate*	Namenda *memantine*	Reminyl - now Razadyne ER *galantamine HBR*

Sleep Aids

Ambien/Ambien CR *zolpidem tartrate*	Dalmane *flurazepam*	Desyrel *trazodone*	Doral *quazepam tablets*
Halcion *triazolam*	Lunesta *zopiclone*	ProSom *estazolam*	Restoril *temazepam*
Rohypnol *flunitrazepam*	Rozerem *ramelteon*	Sonata *zaleplon*	

Weight Loss

Fenfluramine *fenfluramine hydrochloride*	Meridia *sibutramine hydrochloride monohydrate*	Phentermine *phenethylamine*	

Pain Medications

Avinza *morphine sulfate extended release*	Darvocet *propoxyphene*	Darvon *propoxyphene*	Fentanyl *fentanyl citrate*
Kadian *morphine sulfate extended release*	Oxycontin *oxycodone*	Percocet *oxycodone HCl/APAP CII*	Percodan *aspirin / hydrocodone*
Roxanol *morphine sulfate*	Vicodin *hydrocodone*		

PRESENT and PAST SUPPLEMENTS

Dates Taken	**Supplement** *Individual or Combinations*	**Effectiveness**	**Side-Effects/Problems**
Ex: 3/2000-12/2005	**Example** *SAMe 200 mg twice a day*	**Example** *Effective*	**Example** *Dry mouth*

MEDICAL HISTORY

Name of primary care physician: _____

Prior hospitalizations: _____

_____

Allergies/drug intolerances (describe): _____

_____

Date of last physical exam: _____

Present height: _____ Present weight: _____ Present waist size: _____

For females, date started last menstrual period, if menstruating: _____

History of seizures or seizure-like activity? _____

_____

Exposure to environmental toxins (mold, fumes, etc.)? _____

_____

Head Injury/Trauma:

Please indicate if there is any history of the following:

- ❑ Falls
- ❑ Motor vehicle accidents
- ❑ Assaults
- ❑ Sports-related concussions
- ❑ Loss of consciousness
- ❑ Altered consciousness, such as seeing stars, forgetfulness, disorientation, etc.
- ❑ Describe anything checked above, list date or approximate age:_____

_____

_____

_____

_____

Abnormal Test & Labs:

Please indicate if your teen has a history of the following tests or examinations:

N=No, Y= Yes			Date	Abnormality
N	Y			
☐	☐	Blood Work	_____	_____
☐	☐	EKG	_____	_____
☐	☐	EEG	_____	_____
☐	☐	CT Scan	_____	_____
☐	☐	PET Scan	_____	_____
☐	☐	MRI/fMRI Scan	_____	_____
☐	☐	SPECT Scan	_____	_____
☐	☐	Quantitative EEG	_____	_____
☐	☐	Echocardiogram	_____	_____
☐	☐	Holter Monitor	_____	_____
☐	☐	Carotid Ultrasound	_____	_____
☐	☐	Other: _____		

Medical Review

Please place a check mark in the box/boxes that apply. (C = Current, P = Past)

General

C P
- ☐ ☐ Being overweight
- ☐ ☐ Weight loss
- ☐ ☐ Sensitive to hot or cold
- ☐ ☐ Cold or hot spells
- ☐ ☐ Fatigue
- ☐ ☐ Lowered resistance to infection
- ☐ ☐ Flu-like or vague sick feeling
- ☐ ☐ Night sweats
- ☐ ☐ Daytime sweating
- ☐ ☐ Excessive thirst
- ☐ ☐ Other: _____

Neurological

C P
- ☐ ☐ Seizures
- ☐ ☐ Dizziness
- ☐ ☐ Vertigo
- ☐ ☐ Muscle spasms or tremors
- ☐ ☐ Slurred speech
- ☐ ☐ Speech problems
- ☐ ☐ Muscle weakness
- ☐ ☐ Other: _____

Respiratory

C P
- ☐ ☐ Asthma, wheezing
- ☐ ☐ Cough
- ☐ ☐ Coughing up blood or sputum
- ☐ ☐ Shortness of breath
- ☐ ☐ Rapid breathing
- ☐ ☐ Repeated nose or chest colds
- ☐ ☐ Other: _____

Chest and Cardiovascular

C P
- ☐ ☐ Ankle swelling
- ☐ ☐ Rapid/irregular pulse
- ☐ ☐ High cholesterol
- ☐ ☐ Low cholesterol
- ☐ ☐ Breast tenderness
- ☐ ☐ Chest pain
- ☐ ☐ High blood pressure
- ☐ ☐ Low blood pressure
- ☐ ☐ Stroke
- ☐ ☐ Other: _____

Head, Eye, Ear, Nose, & Throat

C P
- ☐ ☐ Facial pain
- ☐ ☐ Headaches
- ☐ ☐ Neck pain or stiffness
- ☐ ☐ Frequent sore throat
- ☐ ☐ Blurred or double vision
- ☐ ☐ See spots or shadows
- ☐ ☐ Hearing loss
- ☐ ☐ Ear ringing
- ☐ ☐ Chronic ear infections
- ☐ ☐ Disturbances in smell
- ☐ ☐ Dry mouth
- ☐ ☐ Sore tongue
- ☐ ☐ Other: _____

Gastrointestinal and Hepatic

C P
- ☐ ☐ Nausea or vomiting
- ☐ ☐ Abdominal (stomach/belly) pain
- ☐ ☐ Anal itching
- ☐ ☐ Painful bowel movements
- ☐ ☐ Infrequent bowel movements
- ☐ ☐ Liquid bowel movements
- ☐ ☐ Loss of bowel control
- ☐ ☐ Frequent belching or gas
- ☐ ☐ Vomiting blood
- ☐ ☐ Rectal bleeding (red or black blood)
- ☐ ☐ Jaundice (yellowing of skin)
- ☐ ☐ Other: _____

Musculoskeletal

C P
- ☐ ☐ Arthritis
- ☐ ☐ Back pain or stiffness
- ☐ ☐ Bone pain
- ☐ ☐ Joint pain or stiffness
- ☐ ☐ Leg pain
- ☐ ☐ Muscle cramps or pain
- ☐ ☐ Other: _____

Skin and Hair

C P
- ☐ ☐ Dry hair or skin
- ☐ ☐ Itchy skin or scalp
- ☐ ☐ Easy bruising
- ☐ ☐ Hair loss
- ☐ ☐ Increased perspiration
- ☐ ☐ Sun sensitivity
- ☐ ☐ Other: _____

Genitourinary

C P
- ☐ ☐ Itchy privates or genitals
- ☐ ☐ Painful urination
- ☐ ☐ Excessive urination
- ☐ ☐ Difficulty in starting urine
- ☐ ☐ Accidental wetting of self
- ☐ ☐ Other: _____

Females

C P
- ☐ ☐ No menses
- ☐ ☐ Menstrual irregularity
- ☐ ☐ Painful or heavy periods
- ☐ ☐ Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps, and headache
- ☐ ☐ Abnormal vaginal discharge
- ☐ ☐ Sexually active
- ☐ ☐ Other: _____

Males

C P
- ☐ ☐ Scrotal pain
- ☐ ☐ Abnormal penis discharge
- ☐ ☐ Sexually active
- ☐ ☐ Other: _____

Illnesses

C P
- ☐ ☐ Pneumonia
- ☐ ☐ Hypothyroidism
- ☐ ☐ Hyperthyroidism
- ☐ ☐ Chronic Fatigue Syndrome
- ☐ ☐ Fibromyalgia
- ☐ ☐ Encephalitis
- ☐ ☐ Meningitis
- ☐ ☐ Lyme Disease
- ☐ ☐ Lupus
- ☐ ☐ Epstein - Barr virus (Mononucleosis)
- ☐ ☐ Fevers over 105°
- ☐ ☐ Autoimmune Disorder
- ☐ ☐ Other: _____

Surgical Procedures

- ☐ Tonsillectomy
- ☐ Adenoidectomy
- ☐ Myringotomy (ear tubes)
- ☐ Appendectomy
- ☐ Hernia repair
- ☐ Other: _____

Diet History:
Age breastfeeding was weaned: _____ Age bottle-feeding was weaned: _____
Would you consider your teen's diet mostly healthy or unhealthy? _____
Food allergies/sensitivities: ☐ Yes ☐ No – If yes, please list:_____
Is your teen currently on a restricted diet (vegetarian, high protein only, etc)? ☐ Yes ☐ No
If yes, please list restrictions: _____
Any experience with a gluten-free diet? ☐ Yes ☐ No – If yes, please list results:_____
Any experience with a casein-free diet? ☐ Yes ☐ No – If yes, please list results:_____
Caffeine consumption per day (coffee, soda, tea, chocolate, etc.): _____
How many days a week does your teen eat fruits: _____ vegetables: _____ breakfast: _____

Alcohol and Drug History: _____
_____
_____

Sleep Behavior:
Problems falling asleep? _____
Problems staying asleep? _____
Problems waking up? _____
On average, how many hours does your teen sleep per night? _____
History of sleepwalking, recurrent dreams, sleep apnea, heavy snoring, or sleep bruxism (grinding his/her teeth)? _____
_____

Biological Mother's History: ☐ Living; Age: ____ ☐ Deceased; Age: ____ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____
_____
Behavioral/emotional problems: _____
Has mother ever had learning or psychiatric problems? ☐ Yes ☐ No
If yes, please explain and indicate if treatment was sought: _____
_____
Alcohol/drug use history: _____
_____
Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations? (Specify): _____
_____

Biological Father's History: ☐ Living; Age: ____ ☐ Deceased; Age: ____ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____
_____
Behavior/emotional problems: _____
Has father ever had learning or psychiatric problems? ☐ Yes ☐ No

If yes, please explain and indicate if treatment was sought: _____

_____

Alcohol/drug use history: _____

_____

Have any father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?
(Specify): _____

_____

Step or Adopted Mother's History: ☐ Living; Age: ___ ☐ Deceased; Age: ___ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____

_____

Behavioral/emotional problems: _____
Has mother ever had learning or psychiatric problems? ☐ Yes ☐ No
If yes, please explain and indicate if treatment was sought: _____

_____

Alcohol/drug use history: _____

_____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?
(Specify): _____

_____

Step or Adopted Father's History: ☐ Living; Age: ___ ☐ Deceased; Age: ___ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____

_____

Behavior/emotional problems: _____
Has father ever had learning or psychiatric problems? ☐ Yes ☐ No
If yes, please explain and indicate if treatment was sought: _____

_____

Alcohol/drug use history: _____

_____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?
(Specify): _____

_____

Patient's Siblings (Include names, ages, relationship to patient and indicate if any of the patient's siblings ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations): _____

_____

_____

TEEN'S DEVELOPMENTAL HISTORY

Prenatal Events:
Parents' attitude toward pregnancy: _____
Conception ease: _____ planned _____ unplanned
Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc.): _____
_____

Birth and Postnatal Period:
Birth weight: _____ Length: _____ Labor duration: _____ Delivery: ____ Vaginal ____ C-section
Problems: _____
APGAR scores (if known): _____ Jaundice: Yes _____ No _____ Time in hospital: _____
Complications: _____
_____

Mother's Health After Delivery: _____
Post-partum depression: Yes _____ No _____ If yes, how long? _____

Primary Caretaker for Child:
First year: _____ Thereafter: _____

Sexual Development: Has your teen demonstrated any inappropriate sexual behavior towards others, or do you have any general concerns about his/her sexual behavior? _____
_____
_____

Physical/Sexual Abuse: _____
_____
_____

Motor Development: (please write in age; parentheses are approximate normal limits)
Rolled over (3-5m): _____ Sat without support (5-7m): _____ Crawled (5-8m): _____
Walked well (11-16m): _____ Ran well (2y): _____ Rode tricycle (3y): _____
Threw ball overhand (4y): _____
Current level of activity/exercise: _____
Fine and gross motor coordination: _____ Compared to peers: _____

Language Development: (please write in age; parentheses are approximate normal limits)
Several words besides dada, mama (1y): _____ Named several objects, e.g. ball, cup (15m): _____
3 words together – subject, verb, object (24m): _____
Vocabulary: _____ Articulation: _____ Comprehension: _____
Compared to peers: _____
Current problems: _____

Social Development: (please write in age; parentheses are approximate normal limits)
Smiled (2m): _____ Shy with strangers (6-10m): _____ Separated from mother easily (2-3y): _____
Cooperative play with others (4y): _____
Quality of attachment to mother: _____ Quality of attachment to father: _____
Relationships to family members: _____
Early peer interactions: _____
Current peer interactions: _____
Special interests/hobbies: _____

Separations from Mother and/or Father: (age, duration, reaction) _____
_____
_____

Behavioral/Discipline: Compliance vs. non-compliance: _____
Lying/stealing: _____ Breaking rules: _____ Methods of discipline: _____
Other problems: _____

Emotional Development: Early temperament: _____
Current personality: _____
Mood: _____ Fears/phobias: _____
Habits: _____
Special objects (blankets, dolls, etc.): _____ Ability to express feelings: _____

Bowel and Bladder Training: Age reached bowel control: _____ day _____ night
Age reached bladder control: _____ day _____ night
Methods used: _____ Ease: _____ Current function: _____

PSYCHOLOGICAL INFORMATION – This section includes how your teen thinks, body image, significant developmental events, and any past psychological traumas.

Describe your teen's predominant (or most frequent) thought patterns (positive, negative, trusting, suspicious) and feeling patterns (anxious, sad, depressed, etc.): _____
_____
_____

Significant developmental events (include marriages, separations, divorces, deaths, traumatic events, losses, abuse, etc.): _____
_____
_____

Significant perceived successes: _____
_____

Significant perceived failures: _____

_____

What is your teen's relationship like with his/her mother? _____
_____
_____

What is your teen's relationship like with his/her father? _____
_____
_____

Describe your teen's body image or perception of how he/she looks: _____
_____

Describe your teen's strengths: _____
_____

Describe your teen's hope or goals for the future: _____
_____

SOCIAL INFORMATION

Current Life Stressors: (Please list current sources of stress for your teen and in the family.) _____
_____
_____

School History: Current grade: _____ School contact: _____
Number of schools attended: _____ Average grades: _____
Homework problems: _____
Specific learning disabilities: _____
Strengths: _____
What have teachers said about your teen? _____
_____

Legal Problems: _____

Family Structure: (Who lives in your teen's current household? Please describe how he/she gets along with each person.) _____
_____

Current Marital Situation/Satisfaction of Parents: _____
_____

Cultural/Ethnic Background: _____
_____

Describe the health of your teen's family, friends, and the people with whom he/she spends the most time: _____
_____

SPIRITUAL INFORMATION – This section is about meaning and purpose.
(Please ask your teen to complete this section in his/her own words. If he/she cannot, please do your best to answer the following questions on your teen's behalf.)

What is your spiritual background? _____
_____
_____

What motivates you to be healthy? _____
_____
_____

Do you know your purpose in life? _____
_____
_____

Do you consistently act in a way that is consistent with your goals in life? _____
_____
_____

What spiritual practices have you tried, such as meditation/prayer, etc.? _____
_____
_____

Have you had any unusual spiritual experiences, including out of body or near death experiences?
_____
_____

Amen Clinics Teen Screening
Master Questionnaire

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Please ask your teen to rate himself or herself on each of the symptoms listed below using the following scale. For completeness, some questions will be asked more than once. To give us the most complete picture, have another person who knows the teen well (such as a parent or guardian) rate him or her too. List the other person's relationship to the teen: _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	1.	Fail to pay close attention to details or make careless mistakes
____	____	2.	Trouble sustaining attention
____	____	3.	Do not seem to listen when spoken to directly
____	____	4.	Poor follow through
____	____	5.	Disorganized
____	____	6.	Avoid tasks that require sustained effort
____	____	7.	Lose things
____	____	8.	Easily distracted
____	____	9.	Forgetful
____	____	10.	Fidgety
____	____	11.	Trouble sitting still
____	____	12.	Restless
____	____	13.	Unable to play or engage in leisure activities quietly
____	____	14.	"On the go" or acting as if "driven by a motor"
____	____	15.	Talk excessively
____	____	16.	Blurt out answers before questions have been completed (e.g., complete people's sentences; cannot wait for turn in conversation)
____	____	17.	Difficulty waiting turn (e.g., while waiting in line)
____	____	18.	Interrupt others
____	____	19.	Make decisions or behave impulsively (e.g., saying or doing things without thinking)
____	____	20.	Difficulty delaying what I want
____	____	21.	Accident prone, traffic violations, or near accidents
____	____	22.	Overwhelmed by the tasks of everyday living
____	____	23.	Difficulty expressing feelings
____	____	24.	Difficulty expressing empathy for others
____	____	25.	Late or in a hurry
____	____	26.	Get stuck on negative thoughts or behaviors
____	____	27.	Recurrent bothersome thoughts or images I try to ignore

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	28.	Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious
____	____	29.	Worry
____	____	30.	Upset when things do not go my way
____	____	31.	Upset when things are out of place
____	____	32.	Oppositional or argumentative
____	____	33.	Dislike change
____	____	34.	Hold grudges
____	____	35.	Hold onto own opinion and do not seem to listen to others
____	____	36.	Tend to say no without first thinking about the question
____	____	37.	Need to be perfect
____	____	38.	Depressed or sad mood
____	____	39.	Crying spells
____	____	40.	Negativity
____	____	41.	Decreased interest in people or pleasurable activities
____	____	42.	Feel worthless, helpless, hopeless, or guilty
____	____	43.	Fatigue, feeling tired, or lack of energy
____	____	44.	Decreased concentration or memory
____	____	45.	Recurrent thoughts of death or suicide
____	____	46.	Insomnia or trouble sleeping
____	____	47.	Excessive sleeping
____	____	48.	Irritable or easily agitated
____	____	49.	Recent decrease in appetite or weight
____	____	50.	Recent increase in appetite or weight
____	____	51.	Significant mood swings or cycles
____	____	52.	Periods of an elevated, high, or irritable mood
____	____	53.	Periods of a very high self-esteem or grandiose thinking
____	____	54.	Periods of decreased need for sleep without feeling tired
____	____	55.	Periods of being more talkative than usual or feeling pressure to keep talking
____	____	56.	Racing thoughts or frequently jumping from one subject to another
____	____	57.	Easily distracted by irrelevant things
____	____	58.	Feel a marked increase in physical activity level
____	____	59.	Excessive involvement in pleasurable activities that have a high-risk for negative consequences (e.g., engaging in dangerous pranks, spending money, sexual indiscretions, or gambling)
____	____	60.	Anxious, tense, or nervous
____	____	61.	Panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month ____)
____	____	62.	Fear of dying
____	____	63.	Fear of going crazy or doing something out-of-control

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	64.	Predict the worst
____	____	65.	Avoid conflict
____	____	66.	Excessive motivation or can't stop working
____	____	67.	Freeze in anxious or upsetting situations
____	____	68.	Shy or timid
____	____	69.	Easily embarrassed
____	____	70.	Sensitive to criticism
____	____	71.	Bite my fingernails or pick at skin
____	____	72.	Lack confidence in abilities
____	____	73.	Need a lot of reassurance
____	____	74.	Avoid everyday places for 1) fear of having a panic attack, or 2) needing to go with other people in order to feel comfortable
____	____	75.	Recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.), please list: _____
____	____	76.	Recurrent distressing dreams of a past upsetting event
____	____	77.	Reliving a past upsetting event
____	____	78.	Panic or fear of events that resemble an upsetting past event
____	____	79.	Spend effort avoiding thoughts or feelings associated with a past trauma
____	____	80.	Avoid activities/situations which remind me of a past upsetting event
____	____	81.	Unable to recall an important aspect of a past upsetting event
____	____	82.	Feel detached or distant from others
____	____	83.	Feel numb or restricted in my feelings
____	____	84.	Feel that my future is shortened
____	____	85.	Quick to startle
____	____	86.	Watch for bad things to happen
____	____	87.	Have a physical response to events that remind me of a past upsetting event (e.g., sweating, increased pulse, etc. when getting in a car if you had been in a car accident)
____	____	88.	Excessive fear of being judged by others, which causes me to avoid or get anxious in situations
____	____	89.	Persistent, excessive phobia (e.g., heights, closed spaces, specific animals, etc.), please list: _____
____	____	90.	Involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking, or picking)
____	____	91.	Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, or swearing)
____	____	92.	Stutter
____	____	93.	Refuse to maintain body weight above a level that most people consider healthy
____	____	94.	Intense fear of gaining weight or becoming overweight even though I am underweight
____	____	95.	Feel overweight, even though others say I am underweight
____	____	96.	Have recurrent episodes of binge eating large amounts of food

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	97.	Feel a lack of control over eating behavior
____	____	98.	Purge food, such as self-induced vomiting or using laxatives or diuretics; partaking in strict dieting, or partaking in strenuous exercise
____	____	99.	Overly concerned with my body shape and/or weight
____	____	100.	Unpredictable moods
____	____	101.	Irritability, short fuse, or easily angered
____	____	102.	Misinterpret comments as negative when they are not
____	____	103.	Experience illusions, such as hearing sounds that are not there (e.g., muffled voices or shots being fired); visual distortions (e.g., seeing shadows or things get bigger or smaller than they really are); or smelling odors not present (e.g., burned rubber)
____	____	104.	Periods of *déjà vu* (the feeling of being somewhere you have never been)
____	____	105.	Dark, disturbing, or troubling thoughts
____	____	106.	Trouble reading the body language or facial expressions of others
____	____	107.	Trouble learning new information
____	____	108.	Memory problems
____	____	109.	Trouble remembering recent events
____	____	110.	Difficulty memorizing things for school or work
____	____	111.	Delusional or bizarre thoughts (thoughts I know others would think are false)
____	____	112.	Auditory or visual hallucinations
____	____	113.	Periods of time where my thoughts or speech were disjointed or didn't make sense to others
____	____	114.	Impaired ability to function at home or at work
____	____	115.	Lack personal hygiene or grooming
____	____	116.	Exhibit inappropriate mood for a given situation (e.g., laughing at sad events)
____	____	117.	Frequent feelings that someone or something is out to hurt or discredit me
____	____	118.	Am a poor reader
____	____	119.	Make mistakes when reading, such as skipping words or lines
____	____	120.	Have problems remembering what I read even though I have just read all the words
____	____	121.	Reverse or switch letters when I read (such as b/d, p/q)
____	____	122.	Light sensitive and bothered by glare, sunlight, headlights, or streetlights
____	____	123.	Become tired or experience headaches, mood changes, restlessness, or have an inability to stay focused with bright or fluorescent lights
____	____	124.	Have trouble reading words that are on white, glossy paper
____	____	125.	When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive
____	____	126.	Tense, tired, sleepy, or even get headaches with reading
____	____	127.	Problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving
____	____	128.	Poor handwriting or prefer to print rather than to write in cursive

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 129. Trouble getting thoughts from my brain to the paper
____ ____ 130. Tend to keep notebook/paperwork/room messy or disorganized
____ ____ 131. Frequently late or in a hurry
____ ____ 132. Clumsy
____ ____ 133. More sensitive to lights, sounds, or smells than others
____ ____ 134. Sensitive to touch or tags in clothing
____ ____ 135. Few or no friends
____ ____ 136. Feel uncomfortable around people whom I do not know well
____ ____ 137. Teased by others
____ ____ 138. Friends who do not call and ask me to do things with them
____ ____ 139. Trouble with communication by at least one of the following (please circle all that apply):
    a) Have delayed or total lack of spoken language;
    b) Have marked impairment in ability to initiate or sustain a conversation with others;
    c) Have repetitive use of language or odd language.
____ ____ 140. Trouble with social interaction by at least two of the following (please circle all that apply):
    a) Have marked impairment in the use of nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
    b) Fail to develop peer relationships;
    c) Lack of spontaneity in seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
    d) Lack of social or emotional reciprocity.
____ ____ 141. Exhibit repetitive patterns of behavior, interests, and activities by at least one of the following (please circle all that apply):
    a) Have preoccupation with something that is abnormal either in intensity or focus;
    b) Have rigid adherence to specific, nonfunctional routines or rituals;
    c) Have repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
    d) Have persistent preoccupation with parts of objects.
____ ____ 142. Trouble getting or staying asleep
____ ____ 143. Restless sleep
____ ____ 144. Worry I won’t be able to fall asleep
____ ____ 145. Early morning awakenings with trouble getting back to sleep
____ ____ 146. Wake up tired and unrefreshed
____ ____ 147. Nightmares
____ ____ 148. Loud snoring
____ ____ 149. Others say I stop breathing during sleep

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 150. Get more than 7 hours of sleep at night
____ ____ 151. Crave sweets during the day
____ ____ 152. Irritable or easily upset if meals are missed
____ ____ 153. Depend on caffeine to get started or keep me going
____ ____ 154. Get lightheaded or shaky if meals are missed
____ ____ 155. Eating relieves fatigue
____ ____ 156. Put myself at risk for brain injuries, by doing such things as not wearing my seat belt, drinking and driving, engaging in high-risk sports, etc.
____ ____ 157. Chronic stress at work or home
____ ____ 158. Thoughts tend to be negative, worried, or angry
____ ____ 159. Problems getting at least 8 hours of sleep a night
____ ____ 160. Drink or consume more than 2 cups of coffee, dark sodas, or energy drinks a day
____ ____ 161. Consume food or drinks with artificial sweeteners or colors
____ ____ 162. Am around environmental toxins, such as paint fumes, hair or nail salon fumes, or pesticides
____ ____ 163. Spend more than one hour a day watching TV
____ ____ 164. Spend more than one hour a day playing video games
____ ____ 165. Outside of school or work time, spend more than one hour a day on the computer
____ ____ 166. Tend to have a poor and haphazard diet
____ ____ 167. Exercise less than twice per week
____ ____ 168. Smoke or exposed to secondhand smoke
____ ____ 169. Persistently refuse to go to school
____ ____ 170. Have excessive anxiety concerning separation from home or from those to whom I am attached
____ ____ 171. Wet the bed (if so, how often? _____)
____ ____ 172. Fail to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations
____ ____ 173. Aggressive behavior toward others
____ ____ 174. Frequent physical altercations with others
____ ____ 175. Use of a weapon to harm others
____ ____ 176. Deliberately physically cruel to other people
____ ____ 177. Deliberately cruel to animals
____ ____ 178. Involvement in confrontational economic order crime (e.g., mugging)
____ ____ 179. Have perpetrated a forcible sex act on another
____ ____ 180. Property destruction by arson
____ ____ 181. Have engaged in non-confrontational economic order crime (e.g., breaking and entering)
____ ____ 182. Have engaged in non-confrontational retail theft (e.g., shoplifting)
____ ____ 183. Disregarded parent's curfew prior to age 13
____ ____ 184. Have run away from home at least two times
____ ____ 185. Have been truant before age 13

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 186. Lose my temper
____ ____ 187. Argue with adults
____ ____ 188. Actively defy or refuse to comply with adult's requests or rules
____ ____ 189. Deliberately annoy people
____ ____ 190. Blame others for my mistakes or misbehavior
____ ____ 191. Touchy or easily annoyed by others
____ ____ 192. Angry and resentful
____ ____ 193. Spiteful and vindictive

PROMIS Outcome Questions

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Global Health Outcomes

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

1. In general, would you say your health is: ____
2. In general, would you say your quality of life is: ____
3. In general, how would you rate your physical health? ____
4. In general, how would you rate your mental health, including your mood and your ability to think? ____
5. In general, how would you rate your satisfaction with your social activities and relationships? ____
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work, and in your community, and in your responsibilities as a parent, child, spouse, employee, friend, etc.) ____

Completely	Mostly	Moderately	A little	Not at all
5	4	3	2	1

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? ____

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable? ____

None	Mild	Moderate	Severe	Very Severe
1	2	3	4	5

9. In the past 7 days, how would you rate your fatigue on average? ____

No Pain **Worst imaginable pain**

1 2 3 4 5 6 7 8 9 10

10. In the past 7 days, how would you rate your pain on average? ____

Never Rarely Sometimes Often Always

1 2 3 4 5

In the past 7 days …

11. I felt fearful ____
12. I found it hard to focus on anything other than my anxiety ____
13. My worries overwhelmed me ____
14. I felt uneasy ____
15. I felt nervous ____
16. I felt like I needed help for my anxiety ____
17. I felt anxious ____
18. I felt tense ____
19. I was irritated more than people knew ____
20. I felt angry ____
21. I felt ready to explode ____
22. I was grouchy ____
23. I felt annoyed ____
24. I felt worthless ____
25. I felt helpless ____
26. I felt depressed ____
27. I felt hopeless ____
28. I felt like a failure ____
29. I felt unhappy ____
30. I felt that I had nothing to look forward to ____
31. I felt that nothing could cheer me up ____
32. I have a negative attitude toward myself ____
33. I feel disconnected from others ____
34. I feel isolated from others ____
35. I have trouble finding peace of mind ____
36. My life lacks meaning ____
37. My thinking has been slow ____
38. I have to work harder than usual to keep track of what I was doing ____
39. I have trouble concentrating ____
40. I have to work really hard to pay attention or I would make a mistake ____
41. My problems with memory, concentration, or making mental mistakes have interfered with the quality of my life ____

42. I have been bothered by feeling impulsive or out of control ____

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

43. How would you rate your motivation to make the changes necessary to achieve your desired outcome? ____
44. How would you rate your current work/school functioning? ____

Amen Clinics Brain System Checklist For Mothers

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This form should be filled out by the *biological or adopted mother on herself*, if possible. If it is not possible please have it filled out by someone who knows her well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the father or other person who knows the biological mother rate her as well. Please list who filled this out. _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Mother		
____	____	1.	Fail to pay close attention to details or make careless mistakes
____	____	2.	Trouble sustaining attention
____	____	3.	Trouble listening
____	____	4.	Fail to finish things
____	____	5.	Poor organization for time or space (e.g., backpack, room, desk, paperwork)
____	____	6.	Avoid tasks that require sustained effort
____	____	7.	Lose things
____	____	8.	Easily distracted
____	____	9.	Forgetful
____	____	10.	Poor planning skills
____	____	11.	Lack clear goals or forward thinking
____	____	12.	Difficulty expressing feelings
____	____	13.	Difficulty expressing empathy for others
____	____	14.	Excessive daydreaming
____	____	15.	Feel bored
____	____	16.	Feel apathetic or unmotivated
____	____	17.	Feel tired, sluggish or slow moving
____	____	18.	Feel spacey or “in a fog”
____	____	19.	Fidgety, restless, or trouble sitting still
____	____	20.	Difficulty remaining seated in situations where remaining seated is expected
____	____	21.	Hyperactive in situations in which it is inappropriate
____	____	22.	Difficult working or relaxing quietly
____	____	23.	Always "on the go" or act as if "driven by a motor"
____	____	24.	Talk excessively
____	____	25.	Blurt out answers before questions have been completed
____	____	26.	Difficulty waiting for turn
____	____	27.	Interrupt or intrude on others (e.g., butting into conversations or games)
____	____	28.	Behave impulsively (say or doing things without thinking first)

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Mother		
____	____	29.	Worry excessively or senselessly
____	____	30.	Upset when things do not go your way
____	____	31.	Upset when things are out of place
____	____	32.	Oppositional or argumentative
____	____	33.	Repetitive negative thoughts
____	____	34.	Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious
____	____	35.	Dislike change
____	____	36.	Hold grudges
____	____	37.	Trouble shifting attention from subject to subject
____	____	38.	Trouble shifting behavior from task to task
____	____	39.	Difficulty seeing options in situations
____	____	40.	Hold on to own opinion and not listen to others
____	____	41.	Get locked into a course of action, whether or not it is good
____	____	42.	Need to have things done a certain way or else becoming very upset
____	____	43.	Others complain that you worry too much
____	____	44.	Say no without first thinking about the question
____	____	45.	Predict fear
____	____	46.	Frequently feel sad
____	____	47.	Feel moody
____	____	48.	Negativity
____	____	49.	Low energy
____	____	50.	Irritable
____	____	51.	Decreased interest in other people
____	____	52.	Decreased interest in things that are usually fun or pleasurable
____	____	53.	Feel hopeless about the future
____	____	54.	Feel helpless or powerless
____	____	55.	Feel dissatisfied or bored
____	____	56.	Feel excessive guilt
____	____	57.	Suicidal feelings
____	____	58.	Crying spells
____	____	59.	Lowered interest in things that are usually considered fun
____	____	60.	Experience sleep changes (too much or too little)
____	____	61.	Experience appetite changes (too much or too little)
____	____	62.	Chronic low self-esteem
____	____	63.	Negative sensitivity to smells/odors
____	____	64.	Frequently feel nervous or anxious
____	____	65.	Experience panic attacks
____	____	66.	Periods of heightened muscle tension (such as headaches, sore muscles, hand tremors)
____	____	67.	Periods of a pounding heart, a rapid heart rate, or chest pain

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Mother		
____	____	68.	Periods of troubled breathing or feeling smothered
____	____	69.	Periods of dizziness, faintness, or feeling unsteady on your feet
____	____	70.	Feel nausea or have an upset stomach
____	____	71.	Periods of sweating, hot flashes, or cold flashes
____	____	72.	Predict the worst
____	____	73.	Fear of dying or doing something crazy
____	____	74.	Avoid places for fear of having an anxiety attack
____	____	75.	Avoid conflict
____	____	76.	Excessive fear of being judged or scrutinized by others
____	____	77.	Persistent phobias
____	____	78.	Low motivation
____	____	79.	Excessive motivation
____	____	80.	Experience tics (either motor or vocal)
____	____	81.	Poor handwriting
____	____	82.	Quick to startle
____	____	83.	Freeze in anxiety-provoking situations
____	____	84.	Lack confidence in abilities
____	____	85.	Shy or timid
____	____	86.	Easily embarrassed
____	____	87.	Sensitive to criticism
____	____	88.	Bite fingernails or pick at skin
____	____	89.	Short fuse or easily angered
____	____	90.	Periods of rage with little provocation
____	____	91.	Often misinterpret comments as negative when they are not
____	____	92.	Irritability tends to build, then explodes, then recedes, often being tired after a rage
____	____	93.	Periods of spaciness and/or confusion
____	____	94.	Periods of panic and/or fear for no specific reason
____	____	95.	Experience visual and/or auditory changes, such as seeing shadows or hearing muffled sounds
____	____	96.	Frequent periods of *déjà vu* (the feeling of being somewhere you have never been)
____	____	97.	Sensitive or mildly paranoid
____	____	98.	Experience headaches or abdominal pain of uncertain origin
____	____	99.	History of a head injury
____	____	100.	Family history of violence or explosiveness
____	____	101.	Dark thoughts, ones that may involve suicidal or homicidal thoughts
____	____	102.	Periods of forgetfulness or memory problems

Amen Clinics Brain System Checklist For Fathers

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This form should be filled out by the *biological or adopted father on himself,* if possible. If it is not possible please have it filled out by someone who knows him well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the mother or other person who knows the biological father rate him as well. Please list who filled this out. _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Father		
____	____	1.	Fail to pay close attention to details or make careless mistakes
____	____	2.	Trouble sustaining attention
____	____	3.	Trouble listening
____	____	4.	Fail to finish things
____	____	5.	Poor organization for time or space (e.g., backpack, room, desk, paperwork)
____	____	6.	Avoid tasks that require sustained effort
____	____	7.	Lose things
____	____	8.	Easily distracted
____	____	9.	Forgetful
____	____	10.	Poor planning skills
____	____	11.	Lack clear goals or forward thinking
____	____	12.	Difficulty expressing feelings
____	____	13.	Difficulty expressing empathy for others
____	____	14.	Excessive daydreaming
____	____	15.	Feel bored
____	____	16.	Feel apathetic or unmotivated
____	____	17.	Feel tired, sluggish or slow moving
____	____	18.	Feel spacey or “in a fog”
____	____	19.	Fidgety, restless, or trouble sitting still
____	____	20.	Difficulty remaining seated in situations where remaining seated is expected
____	____	21.	Hyperactive in situations in which it is inappropriate
____	____	22.	Difficult working or relaxing quietly
____	____	23.	Always "on the go" or act as if "driven by a motor"
____	____	24.	Talk excessively
____	____	25.	Blurt out answers before questions have been completed
____	____	26.	Difficulty waiting for turn
____	____	27.	Interrupt or intrude on others (e.g., butting into conversations or games)
____	____	28.	Behave impulsively (say or doing things without thinking first)

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Father		
____	____	29.	Worry excessively or senselessly
____	____	30.	Upset when things do not go your way
____	____	31.	Upset when things are out of place
____	____	32.	Oppositional or argumentative
____	____	33.	Repetitive negative thoughts
____	____	34.	Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious
____	____	35.	Dislike change
____	____	36.	Hold grudges
____	____	37.	Trouble shifting attention from subject to subject
____	____	38.	Trouble shifting behavior from task to task
____	____	39.	Difficulty seeing options in situations
____	____	40.	Hold on to own opinion and not listen to others
____	____	41.	Get locked into a course of action, whether or not it is good
____	____	42.	Need to have things done a certain way or else becoming very upset
____	____	43.	Others complain that you worry too much
____	____	44.	Say no without first thinking about the question
____	____	45.	Predict fear
____	____	46.	Frequently feel sad
____	____	47.	Feel moody
____	____	48.	Negativity
____	____	49.	Low energy
____	____	50.	Irritable
____	____	51.	Decreased interest in other people
____	____	52.	Decreased interest in things that are usually fun or pleasurable
____	____	53.	Feel hopeless about the future
____	____	54.	Feel helpless or powerless
____	____	55.	Feel dissatisfied or bored
____	____	56.	Feel excessive guilt
____	____	57.	Suicidal feelings
____	____	58.	Crying spells
____	____	59.	Lowered interest in things that are usually considered fun
____	____	60.	Experience sleep changes (too much or too little)
____	____	61.	Experience appetite changes (too much or too little)
____	____	62.	Chronic low self-esteem
____	____	63.	Negative sensitivity to smells/odors
____	____	64.	Frequently feel nervous or anxious
____	____	65.	Experience panic attacks
____	____	66.	Periods of heightened muscle tension (such as headaches, sore muscles, hand tremors)
____	____	67.	Periods of a pounding heart, a rapid heart rate, or chest pain

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Father		
____	____	68.	Periods of troubled breathing or feeling smothered
____	____	69.	Periods of dizziness, faintness, or feeling unsteady on your feet
____	____	70.	Feel nausea or have an upset stomach
____	____	71.	Periods of sweating, hot flashes, or cold flashes
____	____	72.	Predict the worst
____	____	73.	Fear of dying or doing something crazy
____	____	74.	Avoid places for fear of having an anxiety attack
____	____	75.	Avoid conflict
____	____	76.	Excessive fear of being judged or scrutinized by others
____	____	77.	Persistent phobias
____	____	78.	Low motivation
____	____	79.	Excessive motivation
____	____	80.	Experience tics (either motor or vocal)
____	____	81.	Poor handwriting
____	____	82.	Quick to startle
____	____	83.	Freeze in anxiety-provoking situations
____	____	84.	Lack confidence in abilities
____	____	85.	Shy or timid
____	____	86.	Easily embarrassed
____	____	87.	Sensitive to criticism
____	____	88.	Bite fingernails or pick at skin
____	____	89.	Short fuse or easily angered
____	____	90.	Periods of rage with little provocation
____	____	91.	Often misinterpret comments as negative when they are not
____	____	92.	Irritability tends to build, then explodes, then recedes, often being tired after a rage
____	____	93.	Periods of spaciness and/or confusion
____	____	94.	Periods of panic and/or fear for no specific reason
____	____	95.	Experience visual and/or auditory changes, such as seeing shadows or hearing muffled sounds
____	____	96.	Frequent periods of *déjà vu* (the feeling of being somewhere you have never been)
____	____	97.	Sensitive or mildly paranoid
____	____	98.	Experience headaches or abdominal pain of uncertain origin
____	____	99.	History of a head injury
____	____	100.	Family history of violence or explosiveness
____	____	101.	Dark thoughts, ones that may involve suicidal or homicidal thoughts
____	____	102.	Periods of forgetfulness or memory problems

Amen Clinics Teen Questionnaires
Scoring Keys

AMEN CLINICS TEEN SCREENING MASTER QUESTIONNAIRE SCORING KEY

Prefrontal Cortex (PFC) Symptoms: Questions 1 – 25

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

ADHD:

ADHD Inattentive Symptoms: Questions 1 – 9

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Hyperactivity-Impulsivity Symptoms: Questions 10 – 18

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Impulsive Symptoms: Questions 16 – 21

Highly probable	4/5 questions with 3 or 4
Probable	3 questions with 3 or 4
May be possible	2 questions with 3 or 4

Overfocused:

Overfocused Symptoms: Questions 26 – 37

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

OCD: Questions 27 – 28

Highly probable	2 questions with 3 or 4
Probable	1 questions with 3 or 4

Limbic:

Limbic Symptoms /Depression: Questions 38 – 50

Highly probable	7 questions with 3 or 4
Probable	5 questions with 3 or 4
May be possible	4 questions with 3 or 4

Bipolar Tendencies: Question 51 plus 52 – 59 (at least 3 with a score of 3 or 4)

Basal Ganglia:

Basal Ganglia/Generalized Anxiety Disorder: Questions 60 – 73

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Panic Disorder: Question 61 with a score of 3 or 4

Agoraphobia: Question 74 with or without panic disorder (score of 3 or 4)

Posttraumatic Stress Disorder: Questions 75 – 79 (at least 2 with a score of 3 or 4) plus 80 – 87 (at least 2 with a score of 3 or 4)

Social Anxiety: Question 88 (score of 3 or 4)

Simple Phobia: Question 89 (score of 3 or 4)

Tourette's or other Tic Disorders: Questions 90 – 91 (1 with a score of 3 or 4)

Stuttering: Question 92 (with a score of 3 or 4)

Eating Issues:

Anorexia Nervosa: Questions 93 – 95 (at least 2 with a score of 3 or 4)

Bulimia Nervosa: Questions 96 – 99 (at least 2 with a score of 3 or 4)

Temporal Lobes:

Temporal Lobe Symptoms (TLS) Pure: Questions 100 – 105

Highly probable	4 questions with 3 or 4
Probable	3 questions with 3 or 4
May be possible	2 questions with 3 or 4

Temporal Lobe Symptoms (TLS) Memory/Learning: Questions 106 – 110

Highly probable	4 questions with 3 or 4
Probable	3 questions with 3 or 4
May be possible	2 questions with 3 or 4

Psychosis/Schizophrenia: Questions 111 – 117 (at least 2 with a score of 3 or 4)

Learning Issues:

Reading/Dyslexia: Questions 118 – 121 (at least 2 with a score of 3 or 4)

Irlen Syndrome: Questions 122 – 127 (at least 2 with a score of 3 or 4)

Handwriting: Question 128 (with a score of 3 or 4)

Finger Agnosia: Question 129 (with a score of 3 or 4)

Disorganization: Questions 130 – 131 (at least 1 with a score of 3 or 4)

Developmental Coordination Issues: Question 132 (with a score of 3 or 4)

Sensory Processing Issues: Questions 133 – 134 (at least 1 with a score of 3 or 4)

Social Skill Issues: Questions 135 – 138 (at least 2 with a score of 3 or 4)

Autistic Spectrum: Questions 139 – 141 (at least 2 with a score of 3 or 4)

Sleep Issues:

Insomnia: Questions 142 – 147 (at least 2 with a score of 3 or 4)

Sleep Apnea: Questions 148 – 150 (at least 2 with a score of 3 or 4)

Hypoglycemia: Questions 151 – 155 (at least 2 with a score of 3 or 4)

Brain Healthy Habits: Questions 156 – 168

Add up the total score for all questions, not just the ones answered with 3 or 4.
If the score is between 0 – 6: Very good brain habits
If the score is between 7 – 12: Moderately good brain habits
If the score is between 13 – 20: Poor brain habits
If the score is more than 20: Very poor brain habits

School Refusal: Question 169 (with a score of 3 or 4)

Separation Anxiety: Question 170 (with a score of 3 or 4)

Enuresis: Question 171 (with a score of 3 or 4)

Selective Mutism: Question 172 (with a score of 3 or 4)

Conduct Disorder: Questions 173 – 186 (at least 4 with a score of 3 or 4)

Oppositional Defiant Disorder: Questions 187 – 193 (at least 4 with a score of 3 or 4)

PROMIS OUTCOME QUESTIONS SCORING KEY

Add up the total score for all questions, not just the ones answered with 3 or 4.

AMEN CLINICS BRAIN SYSTEM CHECKLIST SCORING KEY

Add up all of the questions answered as 3 or 4 in each section.

Prefrontal Cortex Symptoms (PFC)

Inattention Symptoms: Questions 1 through 18

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

Hyperactivity-Impulsivity Symptoms: Questions 19 through 28

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

Cingulate System Symptoms (CS): Questions 29 through 45

Highly probable	10 questions with 3 or 4
Probable	7 questions with 3 or 4

May be possible	4 questions with 3 or 4

Limbic System Symptoms (LS): Questions 46 through 63

Highly probable	10 questions with 3 or 4
Probable	7 questions with 3 or 4
May be possible	4 questions with 3 or 4

Basal Ganglia System Symptoms (BGS): Questions 64 through 88

Highly probable	10 questions with 3 or 4
Probable	7 questions with 3 or 4
May be possible	4 questions with 3 or 4

Temporal Lobe System Symptoms (TLS): Questions 89 through 102

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

SECTION III:

AMEN CLINICS ADULT INTAKE QUESTIONNAIRES

Section III includes detailed intake questionnaires for adults, which address the biological, psychological, social, and spiritual aspects of each patient's life. There are also comprehensive checklists that screen for psychiatric, learning, and brain system problems.

ADULT INTAKE QUESTIONNAIRES (great history taking tool) 3-1

- **Amen Clinics Adult Screening Master Questionnaire** 3-14
  Screens for Major Depression, Bipolar Disorder, Panic Disorder, Overanxious Disorder, School Phobia, Social Phobia, Simple Phobias, Separation Anxiety, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder, Anorexia Nervosa, Bulimia Nervosa, Motor Tics, Verbal Tics, Tourette's Syndrome, Stereotypic Movement Disorder, Encopresis, Enuresis, Selective Mutism, Psychotic Disorders, Paranoia, Reactive Attachment Disorder, Conduct Disorder, Oppositional Defiant Disorder, Autism, Asperger's Syndrome, Stuttering, Thyroid Abnormalities
- **Amen Clinics Male Hormone Health Questionnaire** 3-21
  Screens for Thyroid, Adrenal, and Testosterone Issues
- **Amen Clinics Female Hormone Health Questionnaire** 3-23
  Screens for Thyroid, Adrenal, Estrogen, Progesterone, and Testosterone Issues
- **Outcome Questions** 3-27
- **Amen Clinics Adult Questionnaires Scoring Keys** 3-30

Amen Clinics
Adult Intake Questionnaires

In order for us to be able to fully evaluate you, please fill out the following intake form and questionnaires to the best of your ability. We realize there is a lot of information and you may not remember or have access to all of it; do the best you can. If there is information you do not want in your medical chart it is okay to refrain from including it here. Thank you!

PATIENT IDENTIFICATION

Patient's Name: _____SS#: _____ - _____ - _____ Sex: ☐ M ☐ F
Date of Birth: _____ Age: _____ Marital Status: _____
Race: _____ Religion: _____ Number of Children: _____
Home Address: _____
Home Phone: (_____)_____ Work/School Phone: (_____)_____
Cell Phone: (_____)_____ Fax Phone: (_____)_____
E-mail Address: _____ Occupation: _____ ☐ Student
Employer (School, if student): _____
Employer/School Address: _____

REFERRAL SOURCE

How did you first learn about the Amen Clinics? _____
Please complete the following if a professional referred you to our clinic.
Name: _____ Phone number: _____ Fax number: _____
Specialty/Credentials: _____
Address: _____

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems.)

_____
_____
_____
_____
_____

WHY DID YOU SEEK THE EVALUATION AT THIS TIME? (What are your goals in being here?)

_____
_____
_____
_____
_____

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

Please indicate if you have attempted the following treatments and how many providers you have seen:

- Psychiatrist: _____
- Neurologist: _____
- Alternative/Holistic/Naturopathic (include type): _____
- Therapy (include type and duration): _____
- Psychiatric Inpatient Hospitalization (if multiple attempts include overall duration): _____
- Outpatient Treatment Program (if multiple attempts indicate overall duration): _____
- Other: _____

Please list any prior diagnoses: _____

_____

BIOLOGICAL INFORMATION – This section is about the physical processes that make you who you are.

PRESENT and PAST MEDICATIONS

We included a detailed list of most psychiatric medications on pages 5-6 to be used as a reference. The information the doctor needs to know in order to do a thorough evaluation is:

1. The name of the medication
2. The mg dose (e.g., 20 mg)
3. The number of tablets or mg you took each day
4. The approximate dates taken – preferably in sequential order
5. Whether the medicine worked well, worked partially, or did not work at all
6. If you took any medications in combination with other medications
7. Any side effects or adverse effects from the medication

If you need more room, please attach another sheet.

Dates Taken	**Medication** *Individual or Combinations* *Dosage(s) and time(s) taken per day*	**Effectiveness**	**Side-Effects/Problems**
Ex: 3/2000-12/2005	**Example** *Ritalin 5 mg twice a day* *Prozac 10 mg in the a.m.*	**Example** *Somewhat effective*	**Example** *Very unfocused, hyperactive in evenings; dry mouth*
Dates Taken	**Medication**	**Effectiveness**	**Side-Effects/Problems**

MEDICATION REFERENCE LIST

ADD Medications

Adderall/Adderall XR *4 amphetamine salts*	Concerta *methylphenidate*	Cylert *pemoline*	Daytrana *methylphenidate transdermal*
Desoxyn *methamphetamine HCL*	Dexedrine *dextroamphetamine*	Dexedrine Spansules *dextroamphetamine*	Dextrostat *dextroamphetamine*
Focalin *dexmethylphenidate*	Focalin XR *dexmethylphenidate hydrochloride*	Intuniv *guanfacine*	Metadate *methylphenidate*
Metadate CR *methylphenidate hydrochloride*	Methylin *methylphenidate*	Provigil *modafinil*	Ritalin *methylphenidate*
Ritalin LA *methylphenidate*	Ritalin SR *methylphenidate*	Strattera *atomoxetine*	Vyvanse *lisdexamfetamine*

Antidepressants

Anafranil *clomipramine hcl*	Asendin *amoxapine*	Celexa *citalopram*	Cymbalta *duloxetine HCl*
Desyrel *trazodone*	Effexor/Effexor XR *venlafaxine*	Elavil *amitriptyline*	Eldepryl *selegiline HCl*
EMSAM *selegiline transdermal system*	Lexapro *escitalopram*	Ludiomil *maprotiline*	Luvox *fluvoxamine*
Marplan *isocarboxazid*	Nardil *phenelzine*	Norpramin *desipramine*	Pamelor *nortriptyline*
Parnate *tranylcypromine*	Paxil/Paxil CR *paroxetine*	Pristiq *desvenlafaxine extended release*	Prozac *fluoxetine*
Remeron *mirtazapine*	Serzone *nefazodone*	Sinequan *doxepin*	Surmontil *trimipramine*
Tofranil *imipramine*	Vivactil *protripfyline*	Wellbutrin/Wellbutrin SR or XL *bupropion*	Zoloft *sertaline*

Anti-Anxiety Medications

Ativan *lorazepam*	BuSpar *buspirone*	Klonopin *clonazepam*	Librium *chlordiazepoxide*
Serax *oxazepam*	Tranxene *clorazepate*	Valium *diazepam*	Visatril *hydroxyzine*
Xanax *alprazolam*			

Mood Stabilizers

Depakene *valproic acid*	Depakote *divalproex*	Dilantin *phenytoin*	Donnatal *phenobarbital*
Gabitril *tigabine*	Keppra *levetiracetam*	Lamictal *lamotrigine*	Lithium/Eskalith *lithium carbonate*
Lyrica *pregablin*	Neurontin *gabapentin*	Tegretol/Carbatrol/Tegretol XR *carbamazepeine*	Trileptal *oxcarbazepine*
Topamax *topiramate*	Zonegran *zonisamide*		

Anti-Tic Hypertensive Medications

Catapres *clonidine*	Inderal *propranolol*	Tenex *guanfacine*	

Anti-Psychotic Medications

Abilify *aripiprazole*	Clozaril *clozapine*	Geodon *ziprasidone HCl*	Haldol *haloperidol*
Invega *paliperidone*	Latuda *lurasidone*	Moban *molindone*	Navane *thiothixene*
Orap *pimozide*	Prolixin *fluphenazine*	Risperdal *risperidone*	Saphris *asenapine*
Serentil *mesoridazine*	Seroquel *quetiapine*	Stelazine *trifluoperazine*	Symbyax *olanzapine/fluoxetine HCl*
Trilafon *perphenazine*	Zydis *olanzapine*	Zyprexa *olanzapine*	

Movement Disorders

Artane *trihexyphenidyl*	Benadryl *diphenhydramine*	Cogentin *benztropine*	Symmetrel *amantadine*

Memory/Alzheimer's Medications

Aricept *donepezil HCl*	Exelon *revastigmine tartrate*	Namenda *memantine*	Reminyl - now Razadyne ER *galantamine HBR*

Sleep Aids

Ambien/Ambien CR *zolpidem tartrate*	Dalmane *flurazepam*	Desyrel *trazodone*	Doral *quazepam tablets*
Halcion *triazolam*	Lunesta *zopiclone*	ProSom *estazolam*	Restoril *temazepam*
Rohypnol *flunitrazepam*	Rozerem *ramelteon*	Sonata *zaleplon*	

Weight Loss

Fenfluramine *fenfluramine hydrochloride*	Meridia *sibutramine hydrochloride monohydrate*	Phentermine *phenethylamine*	

Sexual Dysfunction

Cialis *tadalafil*	Levitra *Cardenafil HCl*	Viagra *sildenafil citrate*	

Pain Medications

Avinza *morphine sulfate extended release*	Darvocet *propoxyphene*	Darvon *propoxyphene*	Fentanyl *fentanyl citrate*
Kadian *morphine sulfate extended release*	Oxycontin *oxycodone*	Percocet *oxycodone HCl/APAP CII*	Percodan *aspirin / hydrocodone*
Roxanol *morphine sulfate*	Vicodin *hydrocodone*		

PRESENT and PAST SUPPLEMENTS

Dates Taken	**Supplement** *Individual or Combinations*	**Effectiveness**	**Side-Effects/Problems**
Ex: 3/2000-12/2005	**Example** *SAMe 200 mg twice a day*	**Example** *Effective*	**Example** *Dry mouth*

MEDICAL HISTORY

Name of primary care physician: _____
Prior hospitalizations: _____
Allergies/drug intolerances (describe): _____
Date of last physical exam: _____ Height: _____ Weight: _____ Waist size: _____
For females, date started last menstrual period, if menstruating: _____
History of seizures or seizure-like activity? _____
_____
Exposure to environmental toxins (mold, fumes, etc.)? _____

Head Injury/Trauma: Please indicate if you have a history of the following:

- ❑ Falls
- ❑ Motor vehicle accidents
- ❑ Assaults
- ❑ Sports-related concussions
- ❑ Loss of consciousness
- ❑ Altered consciousness, such as seeing stars, forgetfulness, etc.
- ❑ Describe anything checked above, list date or approximate age: _____
  _____
  _____

Abnormal Test & Labs: Please indicate if you have a history of the following tests or examinations:

N=No, Y= Yes			Date	Abnormality
N	Y			
☐	☐	Blood Work	_____	_____
☐	☐	EKG	_____	_____
☐	☐	EEG	_____	_____
☐	☐	CT Scan	_____	_____
☐	☐	PET Scan	_____	_____
☐	☐	MRI/fMRI Scan	_____	_____
☐	☐	SPECT Scan	_____	_____
☐	☐	Quantitative EEG	_____	_____
☐	☐	Echocardiogram	_____	_____
☐	☐	Holter Monitor	_____	_____
☐	☐	Carotid Ultrasound	_____	_____
☐	☐	Other: _____		

Prenatal and Birth Events:

Your parents' attitudes toward their pregnancy with you: _____
Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc.): _____
Any birth problems, trauma, forceps, or complications? _____
_____

Medical Review

Please place a check mark in the box/boxes that apply. (C = Current, P = Past)

General

C P
- ☐ ☐ Being overweight
- ☐ ☐ Weight loss
- ☐ ☐ Sensitive to hot or cold
- ☐ ☐ Cold or hot spells
- ☐ ☐ Fatigue
- ☐ ☐ Lowered resistance to infection
- ☐ ☐ Flu-like or vague sick feeling
- ☐ ☐ Night sweats
- ☐ ☐ Daytime sweating
- ☐ ☐ Excessive thirst
- ☐ ☐ Other: _____

Neurological

C P
- ☐ ☐ Seizures
- ☐ ☐ Dizziness
- ☐ ☐ Vertigo
- ☐ ☐ Muscle spasms or tremors
- ☐ ☐ Slurred speech
- ☐ ☐ Speech problems
- ☐ ☐ Muscle weakness
- ☐ ☐ Other: _____

Respiratory

C P
- ☐ ☐ Asthma, wheezing
- ☐ ☐ Cough
- ☐ ☐ Coughing up blood or sputum
- ☐ ☐ Shortness of breath
- ☐ ☐ Rapid breathing
- ☐ ☐ Repeated nose or chest colds
- ☐ ☐ Other: _____

Chest and Cardiovascular

C P
- ☐ ☐ Ankle swelling
- ☐ ☐ Rapid/irregular pulse
- ☐ ☐ High cholesterol
- ☐ ☐ Low cholesterol
- ☐ ☐ Breast tenderness
- ☐ ☐ Chest pain
- ☐ ☐ High blood pressure
- ☐ ☐ Low blood pressure
- ☐ ☐ Stroke
- ☐ ☐ Other: _____

Head, Eye, Ear, Nose, & Throat

C P
- ☐ ☐ Facial pain
- ☐ ☐ Headaches
- ☐ ☐ Neck pain or stiffness
- ☐ ☐ Frequent sore throat
- ☐ ☐ Blurred or double vision
- ☐ ☐ See spots or shadows
- ☐ ☐ Hearing loss
- ☐ ☐ Ear ringing
- ☐ ☐ Chronic ear infections
- ☐ ☐ Disturbances in smell
- ☐ ☐ Dry mouth
- ☐ ☐ Sore tongue
- ☐ ☐ Other: _____

Gastrointestinal and Hepatic

C P
- ☐ ☐ Nausea or vomiting
- ☐ ☐ Abdominal (stomach/belly) pain
- ☐ ☐ Anal itching
- ☐ ☐ Painful bowel movements
- ☐ ☐ Infrequent bowel movements
- ☐ ☐ Liquid bowel movements
- ☐ ☐ Loss of bowel control
- ☐ ☐ Frequent belching or gas
- ☐ ☐ Vomiting blood
- ☐ ☐ Rectal bleeding (red or black blood)
- ☐ ☐ Jaundice (yellowing of skin)
- ☐ ☐ Other: _____

Musculoskeletal

C P
- ☐ ☐ Arthritis
- ☐ ☐ Back pain or stiffness
- ☐ ☐ Bone pain
- ☐ ☐ Joint pain or stiffness
- ☐ ☐ Leg pain
- ☐ ☐ Muscle cramps or pain
- ☐ ☐ Other: _____

Skin and Hair

C P
- ☐ ☐ Dry hair or skin
- ☐ ☐ Itchy skin or scalp
- ☐ ☐ Easy bruising
- ☐ ☐ Hair loss
- ☐ ☐ Increased perspiration
- ☐ ☐ Sun sensitivity
- ☐ ☐ Other: _____

Genitourinary

C P
- ☐ ☐ Itchy privates or genitals
- ☐ ☐ Painful urination
- ☐ ☐ Excessive urination
- ☐ ☐ Decreased sexual desire
- ☐ ☐ Other: _____

Females

C P
- ☐ ☐ No menses
- ☐ ☐ Menstrual irregularity
- ☐ ☐ Painful or heavy periods
- ☐ ☐ Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps, and headache
- ☐ ☐ Painful intercourse or sex
- ☐ ☐ Sterility/infertility
- ☐ ☐ Abnormal vaginal discharge
- ☐ ☐ Other: _____

Males

C P
- ☐ ☐ Impotence (weak male erection)
- ☐ ☐ Inability to ejaculate or orgasm
- ☐ ☐ Scrotal pain
- ☐ ☐ Abnormal penis discharge
- ☐ ☐ Other: _____

Illnesses

C P
- ☐ ☐ Pneumonia
- ☐ ☐ Hypothyroidism
- ☐ ☐ Hyperthyroidism
- ☐ ☐ Chronic Fatigue Syndrome
- ☐ ☐ Fibromyalgia
- ☐ ☐ Encephalitis
- ☐ ☐ Meningitis
- ☐ ☐ Lyme Disease
- ☐ ☐ Lupus
- ☐ ☐ Epstein - Barr virus (Mononucleosis)
- ☐ ☐ Fevers over 105°
- ☐ ☐ Autoimmune Disorder
- ☐ ☐ Other: _____

Surgical Procedures

- ☐ Tonsillectomy
- ☐ Adenoidectomy
- ☐ Myringotomy (ear tubes)
- ☐ Appendectomy
- ☐ Hernia repair
- ☐ Other: _____

Diet and Exercise History:

Would you consider your diet mostly healthy or unhealthy? _____

Food allergies/sensitivities: ☐ Yes ☐ No – If yes, please list: _____

Are you currently on a restricted diet (vegetarian, high protein only, etc)? ☐ Yes ☐ No

If yes, please list restrictions: _____

Any experience with a gluten-free diet? ☐ Yes ☐ No – If yes, please list results: _____

Any experience with a casein-free diet? ☐ Yes ☐ No – If yes, please list results: _____

Caffeine consumption per day (coffee, soda, tea, chocolate, etc.): _____

How many days a week do you eat fruits: _____ vegetables: _____ breakfast: _____

Describe your current bowel function: _____

Describe your current exercise regimen: _____

Alcohol and Drug History:

Do you or have you ever experienced withdrawal symptoms from alcohol or drugs? _____

Has anyone told you they thought you had a problem with drugs or alcohol? _____

Have you ever felt guilty about your drug or alcohol use? _____

Have you ever felt annoyed when someone talked to you about your drug or alcohol use? _____

Have you ever used drugs or alcohol first thing in the morning? _____

If you have used or experimented with any of the following, please list the age you started, the extent of your use, and how the substance made you feel (benefits, side effects, or changes to mood).

C= Current, P= Past

C	P	
☐	☐	Alcohol (hard liquor, beer, wine): _____
☐	☐	Nicotine (cigarettes, cigars, tobacco chew): _____
☐	☐	Marijuana or hash: _____
☐	☐	Inhalants (glue, gasoline, cleaning fluids, etc): _____
☐	☐	Cocaine or crack: _____
☐	☐	Amphetamines: _____
☐	☐	Crank or ice: _____
☐	☐	Steroids: _____
☐	☐	Opiates (heroin, oxycodone, morphine, other pain killers): _____
☐	☐	Barbiturates: _____
☐	☐	Hallucinogens (LSD, mescaline, mushrooms, ecstasy): _____
☐	☐	Prescription tranquilizers or sleeping pills: _____
☐	☐	Other: _____

Sleep Behavior:

Problems falling asleep? _____

Problems staying asleep? _____

Problems waking up? _____

On average, how many hours do you sleep per night? _____

History of sleepwalking, recurrent dreams, sleep apnea, heavy snoring, or sleep bruxism (grinding your teeth)? _____

_____
_____
_____
_____

Biological Mother's History: ☐ Living; Age: ____ ☐ Deceased; Age: ____ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____
_____
Behavioral/emotional problems: _____
Has mother ever had learning or psychiatric problems? ☐ Yes ☐ No
If yes, please explain and indicate if treatment was sought: _____
_____
Alcohol/drug use history: _____
_____
Have any of your mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations? (Specify): _____
_____

Biological Father's History: ☐ Living; Age: ____ ☐ Deceased; Age: ____ Cause of death: _____
Marriages: _____ Highest level of education: _____ Occupation: _____
Medical problems (include heart problems, sudden death, congenital disorders): _____
_____
Behavior/emotional problems: _____
Has father ever had learning or psychiatric problems? ☐ Yes ☐ No
If yes, please explain and indicate if treatment was sought: _____
_____
Alcohol/drug use history: _____
_____
Have any of your father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations? (Specify): _____
_____

Patient's Siblings (Include names, ages, relationship to you and indicate if any of your siblings ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations): _____
_____
_____
_____

Patient's Children (Include names, ages and if any of your children have ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts,

or psychiatric hospitalizations): _____
_____
_____
_____

PSYCHOLOGICAL INFORMATION – This section includes how you think, body image, significant developmental events, and any past psychological traumas.

Describe your predominant (or most frequent) thought patterns (positive, negative, trusting, suspicious) and feeling patterns (anxious, sad, depressed, etc.): _____
_____
_____

Significant developmental events: (Please include marriages, separations, divorces, deaths, traumatic events, losses, abuse, etc.) _____
_____
_____

Significant perceived successes: _____
_____

Significant perceived failures: _____
_____

What was your relationship like with your mother as a child and teen, and now? _____
_____
_____
_____

What was your relationship like with your father as a child and teen, and now? _____
_____
_____
_____

Sexual History: (Please answer only as much as you feel comfortable.)
Age at the time of first sexual experience: _____ Number of sexual partners: _____
History of sexually transmitted disease: _____ History of abortion: _____
History of sexual abuse, molestation, or rape: _____
Current sexual problems: _____

Do you have a history of being physically or emotionally abused? _____
_____
_____

Describe your body image or perception of how you look: _____
_____

Describe your strengths: _____
_____

Describe your hope for the future: _____
_____

SOCIAL INFORMATION

Current Life Stressors: (Include anything that is currently stressful for you, examples include relationships, job, school, finances, children.) _____
_____
_____

School History: Highest level of education: _____ Last school attended: _____
Average grades received: _____ Learning strengths: _____
Specific learning disabilities: _____
Behavioral problems in school: _____
What have teachers said about you? _____

Employment History: (Summarize jobs you've had, list most favorite and least favorite.)
_____
_____
Work-related problems: _____
What would your employers or supervisors say about you? _____

Military History: _____

Legal Problems: (Include traffic violations.) _____
_____

Family Structure: (Who lives in your current household? Please describe how you get along with each person.) _____
_____

Current Marital or Relationship Satisfaction: _____
_____

History of Past Marriages: _____

Cultural/Ethnic Background: _____

_____

Describe your relationships with your family, friends, and the people with whom you spend the most time: _____

_____

Describe the health of your family, friends, and the people with whom you spend the most time:

_____

_____

Community Connection: (Are you connected to your community? Do you have experience and/or interest in volunteering?) _____

_____

_____

SPIRITUAL INFORMATION – This section is about meaning and purpose.

What is your spiritual background? _____

_____

_____

What motivates you to be healthy? _____

_____

_____

_____

What is your purpose in life? _____

_____

_____

_____

Do you consistently act in a way that is consistent with your goals in life? _____

_____

_____

What spiritual practices have you tried, such as meditation/prayer, etc.? _____

_____

_____

_____

Have you had any unusual spiritual experiences, including out of body or near death experiences?

_____

_____

Amen Clinics Adult Screening
Master Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. For completeness, some questions will be asked more than once. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner, or parent) rate you too. List the other person's relationship to you: _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	1.	Fail to pay close attention to details or make careless mistakes
____	____	2.	Trouble sustaining attention
____	____	3.	Do not seem to listen when spoken to directly
____	____	4.	Poor follow through
____	____	5.	Disorganized
____	____	6.	Avoid tasks that require sustained effort
____	____	7.	Lose things
____	____	8.	Easily distracted
____	____	9.	Forgetful
____	____	10.	Fidgety
____	____	11.	Trouble sitting still
____	____	12.	Restless
____	____	13.	Unable to play or engage in leisure activities quietly
____	____	14.	"On the go" or acting as if "driven by a motor"
____	____	15.	Talk excessively
____	____	16.	Blurt out answers before questions have been completed (e.g., complete people's sentences; cannot wait for turn in conversation)
____	____	17.	Difficulty waiting turn (e.g., while waiting in line)
____	____	18.	Interrupt others
____	____	19.	Make decisions or behave impulsively (saying or doing things without thinking)
____	____	20.	Difficulty delaying what I want
____	____	21.	Accident prone, traffic violations, or near accidents
____	____	22.	Overwhelmed by the tasks of everyday living
____	____	23.	Difficulty expressing feelings
____	____	24.	Difficulty expressing empathy for others
____	____	25.	Late or in a hurry
____	____	26.	Get stuck on negative thoughts or behaviors
____	____	27.	Recurrent bothersome thoughts or images I try to ignore

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	28.	Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious
____	____	29.	Worry
____	____	30.	Upset when things do not go my way
____	____	31.	Upset when things are out of place
____	____	32.	Oppositional or argumentative
____	____	33.	Dislike change
____	____	34.	Hold grudges
____	____	35.	Hold onto own opinion and do not seem to listen to others
____	____	36.	Tend to say no without first thinking about the question
____	____	37.	Need to be perfect
____	____	38.	Depressed or sad mood
____	____	39.	Crying spells
____	____	40.	Negativity
____	____	41.	Decreased interest in people or pleasurable activities
____	____	42.	Feel worthless, helpless, hopeless, or guilty
____	____	43.	Fatigue, feeling tired, or lack of energy
____	____	44.	Decreased concentration or memory
____	____	45.	Recurrent thoughts of death or suicide
____	____	46.	Insomnia or trouble sleeping
____	____	47.	Excessive sleeping
____	____	48.	Irritable or easily agitated
____	____	49.	Recent decrease in appetite or weight
____	____	50.	Recent increase in appetite or weight
____	____	51.	Significant mood swings or cycles
____	____	52.	Periods of an elevated, high, or irritable mood
____	____	53.	Periods of a very high self-esteem or grandiose thinking
____	____	54.	Periods of decreased need for sleep without feeling tired
____	____	55.	Periods of being more talkative than usual or feeling pressure to keep talking
____	____	56.	Racing thoughts or frequently jumping from one subject to another
____	____	57.	Easily distracted by irrelevant things
____	____	58.	Feel a marked increase in physical activity level
____	____	59.	Excessive involvement in pleasurable activities that have a high risk for negative consequences (e.g., spending money, sexual indiscretions, or gambling)
____	____	60.	Anxious, tense, or nervous
____	____	61.	Panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month ____)
____	____	62.	Fear of dying
____	____	63.	Fear of going crazy or doing something out-of-control

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	64.	Predict the worst
____	____	65.	Avoid conflict
____	____	66.	Excessive motivation or can't stop working
____	____	67.	Freeze in anxious or upsetting situations
____	____	68.	Shy or timid
____	____	69.	Easily embarrassed
____	____	70.	Sensitive to criticism
____	____	71.	Bite my fingernails or pick at skin
____	____	72.	Lack confidence in abilities
____	____	73.	Need a lot of reassurance
____	____	74.	Avoid everyday places for 1) fear of having a panic attack, or 2) needing to go with other people in order to feel comfortable
____	____	75.	Recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.), please list: _____
____	____	76.	Recurrent distressing dreams of a past upsetting event
____	____	77.	Reliving a past upsetting event
____	____	78.	Panic or fear of events that resemble an upsetting past event
____	____	79.	Spend effort avoiding thoughts or feelings associated with a past trauma
____	____	80.	Avoid activities/situations which remind me of a past upsetting event
____	____	81.	Unable to recall an important aspect of a past upsetting event
____	____	82.	Feel detached or distant from others
____	____	83.	Feel numb or restricted in my feelings
____	____	84.	Feel that my future is shortened
____	____	85.	Quick to startle
____	____	86.	Watch for bad things to happen
____	____	87.	Have a physical response to events that remind me of a past upsetting event (e.g., sweating, increased pulse, etc. when getting in a car if you had been in a car accident)
____	____	88.	Excessive fear of being judged by others, which causes me to avoid or get anxious in situations
____	____	89.	Persistent, excessive phobia (heights, closed spaces, specific animals, etc.), please list: _____
____	____	90.	Involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking, or picking)
____	____	91.	Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, or swearing)
____	____	92.	Stutter
____	____	93.	Refuse to maintain body weight above a level that most people consider healthy
____	____	94.	Intense fear of gaining weight or becoming overweight even though I am underweight

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 95. Feel overweight, even though others say I am underweight
____ ____ 96. Have recurrent episodes of binge eating large amounts of food
____ ____ 97. Feel a lack of control over eating behavior
____ ____ 98. Purge food, such as self-induced vomiting or using laxatives or diuretics; partaking in strict dieting, or partaking in strenuous exercise
____ ____ 99. Overly concerned with my body shape and/or weight
____ ____ 100. Unpredictable moods
____ ____ 101. Irritability, short fuse, or easily angered
____ ____ 102. Misinterpret comments as negative when they are not
____ ____ 103. Experience illusions, such as hearing sounds that are not there (e.g., muffled voices or shots being fired); visual distortions (e.g., seeing shadows or things get bigger or smaller than they really are); or smelling odors not present (e.g., burned rubber)
____ ____ 104. Periods of *déjà vu* (the feeling of being somewhere you have never been)
____ ____ 105. Dark, disturbing, or troubling thoughts
____ ____ 106. Trouble reading the body language or facial expressions of others
____ ____ 107. Trouble learning new information
____ ____ 108. Memory problems
____ ____ 109. Trouble remembering recent events
____ ____ 110. Difficulty memorizing things for school or work
____ ____ 111. Delusional or bizarre thoughts (thoughts I know others would think are false)
____ ____ 112. Auditory or visual hallucinations
____ ____ 113. Periods of time where my thoughts or speech were disjointed or didn't make sense to others
____ ____ 114. Impaired ability to function at home or at work
____ ____ 115. Lack personal hygiene or grooming
____ ____ 116. Exhibit inappropriate mood for a given situation (e.g., laughing at sad events)
____ ____ 117. Frequent feelings that someone or something is out to hurt or discredit me
____ ____ 118. Am a poor reader
____ ____ 119. Make mistakes when reading, such as skipping words or lines
____ ____ 120. Have problems remembering what I read even though I have just read all the words
____ ____ 121. Reverse or switch letters when I read (such as b/d, p/q)
____ ____ 122. Light sensitive and bothered by glare, sunlight, headlights, or streetlights
____ ____ 123. Become tired or experience headaches, mood changes, restlessness, or have an inability to stay focused with bright or fluorescent lights
____ ____ 124. Have trouble reading words that are on white, glossy paper
____ ____ 125. When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive
____ ____ 126. Tense, tired, sleepy, or even get headaches with reading
____ ____ 127. Problems judging distance and have difficulty with such things as escalators,

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

stairs, ball sports, or driving

____ ____ 128. Poor handwriting or prefer to print rather than to write in cursive
____ ____ 129. Trouble getting thoughts from my brain to the paper
____ ____ 130. Tend to keep notebook/paperwork/room messy or disorganized
____ ____ 131. Frequently late or in a hurry
____ ____ 132. Clumsy
____ ____ 133. More sensitive to lights, sounds, or smells than others
____ ____ 134. Sensitive to touch or tags in clothing
____ ____ 135. Few or no friends
____ ____ 136. Feel uncomfortable around people whom I do not know well
____ ____ 137. Teased by others
____ ____ 138. Friends who do not call and ask me to do things with them
____ ____ 139. Trouble with communication by at least one of the following (please circle all that apply):
    a) Have delayed or total lack of spoken language;
    b) Have marked impairment in ability to initiate or sustain a conversation with others;
    c) Have repetitive use of language or odd language.
____ ____ 140. Trouble with social interaction by at least two of the following (please circle all that apply):
    a) Have marked impairment in the use of nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
    b) Fail to develop peer relationships;
    c) Lack of spontaneity in seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
    d) Lack of social or emotional reciprocity.
____ ____ 141. Exhibit repetitive patterns of behavior, interests, and activities by at least one of the following (please circle all that apply):
    a) Have preoccupation with something that is abnormal either in intensity or focus;
    b) Have rigid adherence to specific, nonfunctional routines or rituals;
    c) Have repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
    d) Have persistent preoccupation with parts of objects.
____ ____ 142. Trouble getting or staying asleep
____ ____ 143. Restless sleep
____ ____ 144. Worry I won’t be able to fall asleep
____ ____ 145. Early morning awakenings with trouble getting back to sleep
____ ____ 146. Wake up tired and unrefreshed
____ ____ 147. Nightmares
____ ____ 148. Loud snoring

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

____ ____ 149. Others say I stop breathing during sleep
____ ____ 150. Get more than 7 hours of sleep at night
____ ____ 151. Crave sweets during the day
____ ____ 152. Irritable or easily upset if meals are missed
____ ____ 153. Depend on caffeine to get started or keep me going
____ ____ 154. Get lightheaded or shaky if meals are missed
____ ____ 155. Eating relieves fatigue
____ ____ 156. Put myself at risk for brain injuries, by doing such things as not wearing my seat belt, drinking and driving, engaging in high-risk sports, etc.
____ ____ 157. Chronic stress at work or home
____ ____ 158. Thoughts tend to be negative, worried, or angry
____ ____ 159. Problems getting at least 8 hours of sleep a night
____ ____ 160. Drink or consume more than 2 cups of coffee, dark sodas, or energy drinks a day
____ ____ 161. Consume food or drinks with artificial sweeteners or colors
____ ____ 162. Am around environmental toxins, such as paint fumes, hair or nail salon fumes, or pesticides
____ ____ 163. Spend more than one hour a day watching TV
____ ____ 164. Spend more than one hour a day playing video games
____ ____ 165. Outside of school or work time, spend more than one hour a day on the computer
____ ____ 166. Tend to have a poor and haphazard diet
____ ____ 167. Exercise less than twice per week
____ ____ 168. Have more than 3 normal size drinks of alcohol a week

Patients, please indicate “Yes” or “No” for each of the following questions:

____ 169. I smoke or am exposed to secondhand smoke
____ 170. I have one family member with Alzheimer’s disease or dementia.
____ 171. I have more than one family member with Alzheimer’s disease or dementia.
____ 172. I have had a past brain injury.
____ 173. I have or have had issues with alcohol dependence or drug dependence in past or present.
____ 174. I have obesity or metabolic syndrome (obesity, hypertension, diabetes).
____ 175. I have cardiovascular disease, including heart arrhythmias or heart attack.
____ 176. I have high blood pressure.
____ 177. I have had a past stroke.
____ 178. I have diabetes.
____ 179. I have a history of cancer or cancer treatment.
____ 180. I have had seizures in past or present.
____ 181. I have less than a high school education.
____ 182. My job does not require new learning.

____ 183. I have been diagnosed with sleep apnea.
____ 184. I have a past or present diagnosis of depression.
____ 185. I have had a diagnosis of attention deficit hyperactivity disorder.
____ 186. I have been diagnosed with Parkinson's disease.
____ 187. I have had periodontal or gum disease.
____ 188. I tend to have a poor and haphazard diet.
____ 189. I exercise less than twice a week.

Amen Clinics Male Hormone Health Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale.

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Thyroid Hormone Imbalance #1:

____ 1. Have you noticed excessive fatigue or weakness?
____ 2. Do you have dry or coarse skin?
____ 3. Have you experienced hair loss on your head and body?
____ 4. Do you have cold hands and/or feet?
____ 5. Have you experienced weight gain?
____ 6. Do you frequently have insomnia?
____ 7. Do you struggle with constipation?
____ 8. Do you feel depressed?
____ 9. Do you have a poor memory or forgetfulness?
____ 10. Do you feel sluggish?
____ 11. Do you have an intolerance to cold weather?
____ 12. Do you become out of breath easily?
____ 13. Is your voice hoarse?

Thyroid Imbalance #2:

____ 1. Do you notice fatigue?
____ 2. Do you notice weakness?
____ 3. Do you have an intolerance to hot weather?
____ 4. Have you experienced unexplained weight loss?
____ 5. Do you suffer from insomnia?
____ 6. Do you have frequent bowel movements?
____ 7. Do you often feel nervous?
____ 8. Do your hands have a shaky tremor?
____ 9. Do you feel heart palpitations (rapid or fluttering heartbeat)?
____ 10. Do you experience breathlessness?

Adrenal Hormone Imbalance:

____ 1. Do you feel like you have excessive exhaustion?
____ 2. Are you unable to lose gained weight?
____ 3. Do you have a low sex drive?
____ 4. Do you feel lightheaded shortly after standing up?
____ 5. Do you have difficulty getting up in the morning?

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

____ 6. Do you need coffee or other stimulants to get going in the morning?
____ 7. Do you crave sugar or salty foods?
____ 8. Do you tremble when under pressure?
____ 9. Do you have difficulty remembering things?
____ 10. Do you feel fatigued in the afternoon between 3 and 5 pm?
____ 11. Do you feel suddenly better for a brief period after eating?
____ 12. Is it difficult for you to recover after a physical exercise session?
____ 13. Are you sensitive to bright lights?
____ 14. Do you ever feel overwhelmed or unable to cope?
____ 15. Do you have low blood pressure?

Testosterone:

____ 1. Has your sex drive noticeably decreased?
____ 2. Have you noticed an increase in fat around your abdomen?
____ 3. Do you notice your morning erections disappearing?
____ 4. Have you noticed a decrease in your enjoyment of life?
____ 5. Do you have a lack of energy?
____ 6. Do you have a decreased amount of strength or endurance?
____ 7. Have you noticed a decrease in the strength/firmness of your erections?
____ 8. Do you feel irritable often?
____ 9. Do you notice a sense of fatigue in your body?
____ 10. Have you lost significant muscle mass in your body?

Amen Clinics Female Hormone Health Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale.

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Thyroid Hormone Imbalance #1:

____ 1. Have you noticed excessive fatigue or weakness in your body?
____ 2. Do you have dry or coarse skin?
____ 3. Have you experienced hair loss on your head and body?
____ 4. Do you have cold hands and/or feet?
____ 5. Have you experienced weight gain?
____ 6. Do you have insomnia?
____ 7. Do you struggle with constipation?
____ 8. Do you feel depressed?
____ 9. Do you have a poor memory or forgetfulness?
____ 10. Do you feel sluggish?
____ 11. Do you have an intolerance to cold weather?
____ 12. Do you become out of breath easily?
____ 13. Is your voice hoarse?

Thyroid Hormone Imbalance #2:

____ 1. Do you notice fatigue?
____ 2. Do you notice weakness?
____ 3. Do you have an intolerance to hot weather?
____ 4. Have you experienced unexplained weight loss?
____ 5. Do you suffer from insomnia?
____ 6. Do you have frequent bowel movements?
____ 7. Do you feel nervous?
____ 8. Do your hands have a shaky tremor?
____ 9. Do you feel heart palpitations (rapid or fluttering heart beat)?
____ 10. Do you experience breathlessness?

Adrenal Hormone Imbalance:

____ 1. Do you feel like you have excessive exhaustion?
____ 2. Are you unable to lose gained weight?
____ 3. Do you have a low sex drive?
____ 4. Do you feel lightheaded shortly after standing up?
____ 5. Do you have difficulty getting up in the morning?

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

____ 6. Do you need coffee or other stimulants to get going in the morning?
____ 7. Do you crave sugar or salty foods?
____ 8. Do you tremble when under pressure?
____ 9. Do you have difficulty remembering things?
____ 10. Do you feel fatigued in the afternoon between 3 and 5 pm?
____ 11. Do you feel suddenly better for a brief period after eating?
____ 12. Is it difficult for you to recover after a physical exercise session?
____ 13. Are you sensitive to bright lights?
____ 14. Do you feel overwhelmed or unable to cope?
____ 15. Do you have low blood pressure?

Low Estrogen:

____ 1. Do you experience hot flashes/hot flushes?
____ 2. Do you have night sweats?
____ 3. Have you experienced crying spells over things that wouldn't usually make you cry?
____ 4. Do you have vaginal dryness or pain during intercourse?
____ 5. Do you get frequent bladder infections?
____ 6. Do you struggle with recurrent yeast infections?
____ 7. Do you have leakage from the bladder when you cough or sneeze?
____ 8. Do you wake up often throughout the night?
____ 9. Do you experience anxiousness or a rapid heartbeat?
____ 10. Have you noticed reduced fullness in your breasts?
____ 11. Do you have dry eyes, dry hair, or dry skin?
____ 12. Do you have a decreased sense of well-being?

Low Progesterone:

____ 1. Have you tried unsuccessfully to become pregnant?
____ 2. Do you have heavy periods?
____ 3. Have you been diagnosed with fibrocystic breasts?
____ 4. Are your menstrual cycles irregular?
____ 5. Do you experience sudden mood swings?
____ 6. Do you pass blood clots during menstruation?
____ 7. Do you have painful periods?
____ 8. Do you have difficulty concentrating, sometimes called "brain fog?"
____ 9. Do you wake up between 3 and 5am unable to go back to sleep?
____ 10. Do you crave sweets?
____ 11. Are you tired or have low energy?
____ 12. Do you suffer from PMS?
____ 13. Do you have painful cramping during your menstrual cycle?

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Estrogen Dominance:

____ 1. Do you have tender breasts?
____ 2. Do you experience mood swings?
____ 3. Do you retain water (your rings feel tight, ankle swelling)?
____ 4. Do you have headaches?
____ 5. Do you have a low sex drive?
____ 6. Are you irritable?
____ 7. Do you suffer from depression?
____ 8. Are you unusually bossy?
____ 9. Have you increased a breast size?
____ 10. Have you been diagnosed with fibrocystic breasts?
____ 11. Have you been diagnosed with uterine fibroids?
____ 12. Is your face puffy?
____ 13. Have you gained weight around the hips and stomach?
____ 14. Do you have difficulty reaching orgasm?
____ 15. Do you suffer from PMS?
____ 16. Do you have heavy periods?

Low Testosterone:

____ 1. Have you noticed a decrease in your desire to have sex?
____ 2. Have you noticed a decrease in your enjoyment of life?
____ 3. Do you have a lack of energy?
____ 4. Do you have a decreased amount of strength?
____ 5. Has your endurance for physical exercise decreased?
____ 6. Do you feel depressed?
____ 7. Is it difficult for you to reach orgasm?
____ 8. Do you feel irritable?
____ 9. Do you feel anxious?
____ 10. Do you notice a sense of fatigue in your body?
____ 11. Have you lost significant muscle mass in your body?
____ 12. Have your orgasms become weaker and take longer to achieve?
____ 13. Do you find it more difficult to become sexually aroused?

High Testosterone:

____ 1. Do you have acne as an adult?
____ 2. Do you have excessive hair growth on your chin, upper lip, or breast area?
____ 3. Do you have unexplained weight gain around the middle that you are unable to lose?
____ 4. Do you have male-pattern baldness (receding hairline or bald spot)?
____ 5. Do you have excessively oily skin or hair?
____ 6. Do you have unexplained depression?
____ 7. Do you have irregular periods?

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

____ 8. Do you have a loss of sex drive?
____ 9. Do you have an excessive sex drive?

PROMIS Outcome Questions

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Global Health Outcomes

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

1. In general, would you say your health is: ____
2. In general, would you say your quality of life is: ____
3. In general, how would you rate your physical health? ____
4. In general, how would you rate your mental health, including your mood and your ability to think? ____
5. In general, how would you rate your satisfaction with your social activities and relationships? ____
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work, and in your community, and in your responsibilities as a parent, child, spouse, employee, friend, etc.) ____

Completely	Mostly	Moderately	A little	Not at all
5	4	3	2	1

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? ____

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable? ____

None	Mild	Moderate	Severe	Very Severe
1	2	3	4	5

9. In the past 7 days, how would you rate your fatigue on average? ____

No Pain **Worst imaginable pain**

1 2 3 4 5 6 7 8 9 10

10. In the past 7 days, how would you rate your pain on average? ____

Never Rarely Sometimes Often Always

1 2 3 4 5

In the past 7 days …

11. I felt fearful ____
12. I found it hard to focus on anything other than my anxiety ____
13. My worries overwhelmed me ____
14. I felt uneasy ____
15. I felt nervous ____
16. I felt like I needed help for my anxiety ____
17. I felt anxious ____
18. I felt tense ____
19. I was irritated more than people knew ____
20. I felt angry ____
21. I felt ready to explode ____
22. I was grouchy ____
23. I felt annoyed ____
24. I felt worthless ____
25. I felt helpless ____
26. I felt depressed ____
27. I felt hopeless ____
28. I felt like a failure ____
29. I felt unhappy ____
30. I felt that I had nothing to look forward to ____
31. I felt that nothing could cheer me up ____
32. I have a negative attitude toward myself ____
33. I feel disconnected from others ____
34. I feel isolated from others ____
35. I have trouble finding peace of mind ____
36. My life lacks meaning ____
37. My thinking has been slow ____
38. I have to work harder than usual to keep track of what I was doing ____

39. I have trouble concentrating ____
40. I have to work really hard to pay attention or I would make a mistake ____
41. My problems with memory, concentration, or making mental mistakes have interfered with the quality of my life ____
42. I have been bothered by feeling impulsive or out of control ____

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

43. How would you rate your motivation to make the changes necessary to achieve your desired outcome? ____
44. How would you rate your current work/school functioning? ____

Amen Clinics Adult Questionnaires
Scoring Keys

AMEN CLINICS ADULT SCREENING MASTER QUESTIONNAIRE SCORING KEY

Prefrontal Cortex (PFC) Symptoms: Questions 1 – 25

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

ADHD:

ADHD Inattentive Symptoms: Questions 1 – 9

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Hyperactivity-Impulsivity Symptoms: Questions 10 – 18

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Impulsive Symptoms: Questions 16 – 21

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

Overfocused:

Overfocused Symptoms: Questions 26 – 37

Highly probable	8 questions with 3 or 4
Probable	6 questions with 3 or 4
May be possible	4 questions with 3 or 4

OCD: Questions 27 – 28

Highly probable	2 questions with 3 or 4
Probable	1 questions with 3 or 4

Limbic:

Limbic Symptoms /Depression: Questions 38 – 50

Highly probable	7 questions with 3 or 4
Probable	5 questions with 3 or 4
May be possible	4 questions with 3 or 4

Bipolar Tendencies: Question 51 plus 52 – 59 (at least 3 with a score of 3 or 4)

Basal Ganglia:

Basal Ganglia/Generalized Anxiety Disorder: Questions 60 – 73

Highly probable	6 questions with 3 or 4
Probable	4 questions with 3 or 4
May be possible	3 questions with 3 or 4

Panic Disorder: Question 61 with a score of 3 or 4

Agoraphobia: Question 74 with or without panic disorder (score of 3 or 4)

Posttraumatic Stress Disorder: Questions 75 – 79 (at least 2 with a score of 3 or 4) plus 80 – 87 (at least 2 with a score of 3 or 4)

Social Anxiety: Question 88 (score of 3 or 4)

Simple Phobia: Question 89 (score of 3 or 4)

Tourette's or other Tic Disorders: Questions 90 – 91 (1 with a score of 3 or 4)

Stuttering: Question 92 (with a score of 3 or 4)

Eating Issues:

Anorexia Nervosa: Questions 93 – 95 (at least 2 with a score of 3 or 4)

Bulimia Nervosa: Questions 96 – 99 (at least 2 with a score of 3 or 4)

Temporal Lobes:

Temporal Lobe Symptoms (TLS) Pure: Questions 100 – 105

Highly probable	4 questions with 3 or 4
Probable	3 questions with 3 or 4
May be possible	2 questions with 3 or 4

Temporal Lobe Symptoms (TLS) Memory/Learning: Questions 106 – 110

Highly probable	4 questions with 3 or 4
Probable	3 questions with 3 or 4
May be possible	2 questions with 3 or 4

Psychosis/Schizophrenia: Questions 111 – 117 (at least 2 with a score of 3 or 4)

Learning Issues:

Reading/Dyslexia: Questions 118 – 121 (at least 2 with a score of 3 or 4)

Irlen Syndrome: Questions 122 – 127 (at least 2 with a score of 3 or 4)

Handwriting: Question 128 (with a score of 3 or 4)

Finger Agnosia: Question 129 (with a score of 3 or 4)

Disorganization: Questions 130 – 131 (at least 1 with a score of 3 or 4)

Developmental Coordination Issues: Question 132 (with a score of 3 or 4)

Sensory Processing Issues: Questions 133 – 134 (at least 1 with a score of 3 or 4)

Social Skill Issues: Questions 135 – 138 (at least 2 with a score of 3 or 4)

Autistic Spectrum: Questions 139 – 141 (at least 2 with a score of 3 or 4)

Sleep Issues:

Insomnia: Questions 142 – 147 (at least 2 with a score of 3 or 4)

Sleep Apnea: Questions 148 – 150 (at least 2 with a score of 3 or 4)

Hypoglycemia: Questions 151 – 155 (at least 2 with a score of 3 or 4)

Brain Healthy Habits: Questions 156 – 168

Add up the total score for all questions, not just the ones answered with 3 or 4.

If the score is between 0 – 6: Very good brain habits

If the score is between 7 – 12: Moderately good brain habits

If the score is between 13 – 20: Poor brain habits

If the score is more than 20: Very poor brain habits

Modifiable Dementia Risk Factor: Questions 169 – 189

Add up the weighted score for each question:

169. I smoke or am exposed to secondhand smoke (2.3)
170. I have one family member with Alzheimer's disease or dementia. (3.5)
171. I have more than one family member with Alzheimer's disease or dementia. (7.5)
172. I have had a past brain injury. (2)
173. I have or have had issues with alcohol dependence or drug dependence in past or present. (4.4)
174. I have obesity or metabolic syndrome (obesity, hypertension, diabetes). (2)
175. I have cardiovascular disease, including heart arrhythmias or heart attack. (2.5)
176. I have high blood pressure. (2.3)
177. I have had a past stroke. (10)
178. I have diabetes. (3.4)
179. I have a history of cancer or cancer treatment. (3)
180. I have had seizures in past or present. (1.5)
181. I have less than a high school education. (2)
182. My job does not require new learning. (2)
183. I have been diagnosed with sleep apnea. (2)
184. I have a past or present diagnosis of depression. (2)
185. I have had a diagnosis of attention deficit hyperactivity disorder. (3)
186. I have been diagnosed with Parkinson's disease. (3)
187. I have had periodontal or gum disease. (2)
188. I tend to have poor and haphazard diet. (2)
189. I exercise less than twice a week. (2)

If the patient's score is 0 – 4: Low risk

If the patient's score is between 4 – 10: Moderate risk

If the patient's score is greater than 10: Higher risk

AMEN CLINICS HORMONE HEALTH QUESTIONNAIRE SCORING KEY

For Males:

Thyroid Hormone Imbalance #1: Scoring 3 or 4 to five or more questions may indicate low thyroid levels.

Thyroid Hormone Imbalance #2: Scoring 3 or 4 to five or more questions may indicate high thyroid levels.

Adrenal Hormone Imbalance: Scoring 3 or 4 to five or more questions may indicate adrenal fatigue or adrenal exhaustion.

Low Testosterone: Scoring 3 or 4 to five or more of the above questions may indicate low testosterone levels.

For Females:

Thyroid Hormone Imbalance #1: Scoring 3 or 4 to five or more of the above questions may indicate low thyroid levels.

Thyroid Hormone Imbalance #2: Scoring 3 or 4 to five or more of the above questions may indicated high thyroid levels.

Adrenal Hormone Imbalance: Scoring 3 or 4 to five or more of the above questions may indicate adrenal fatigue or adrenal exhaustion.

Low Estrogen: Scoring 3 or 4 to five or more of the above questions may indicate low estrogen levels.

Low Progesterone: Scoring 3 or 4 to five or more of the above questions may indicate low progesterone levels.

Estrogen Dominance: Scoring 3 or 4 to five or more of the above questions may indicate estrogen dominance.

Low Testosterone: Scoring 3 or 4 to five or more of the above questions may indicate low testosterone levels.

High Testosterone: Scoring 3 or 4 to four or more of the above questions may indicate higher than normal testosterone levels.

PROMIS OUTCOME QUESTIONS SCORING KEY

Add up the total score for all questions, not just the ones answered with 3 or 4.

SECTION IV:

SPECIALIZED QUESTIONNAIRES AND TREATMENT ALGORITHMS

Section IV includes questionnaires that help identify the 7 subtypes of ADD and Anxiety & Depression with corresponding treatment algorithms. This section also includes a risk assessment for dementia and a screening for specific brain function abnormalities.

ADD QUESTIONNAIRE & TREATMENT ALGORITHMS 4-1

- Amen Clinics Healing ADD Brain Type Questionnaire 4-3
- Amen Clinics Healing ADD Brain Type Questionnaire Scoring Key 4-6
- Summary of the 7 Types of ADD 4-8
- Amen Clinics ADD Treatment Algorithm 4-9

ANXIETY AND DEPRESSION TYPE QUESTIONNAIRE & TREATMENT ALGORITHMS

- Amen Clinics Anxiety and Depression Type Questionnaire 4-10
- Amen Clinics Anxiety and Depression Type Questionnaire Scoring Key 4-13
- Amen Clinics Anxiety and Depression Treatment Algorithm 4-16

AMEN CLINICS DEMENTIA RISK ASSESSMENT QUESTIONNAIRE 4-17

Amen Clinics Healing ADD
Brain Type Questionnaire

The *Amen Clinics Healing ADD Brain Type Questionnaire* will be a great start to helping educate you about ADD and to help you know about the different types. You can also take a computerized test online that will score the questionnaire and give you suggestions for the different type or types endorsed. The link is http://addfull.amenclinics.com

A long time ago I realized that not everyone can get a SPECT scan ... so, based on thousands of scans, I developed this questionnaire to help educate you and your loved ones about ADD/ADHD and its types. The Healing ADD Brain Type Test Master Questionnaire is a 70 item self-test, which serves as an information tool to assess the possibility of overall ADD/ADHD syndrome and its seven types. This questionnaire has gone through many revisions as we learn more, but for now we think you will find it useful. Based on your answers, we will educate you about the type or types of ADD that you may have. **Feel free to give this questionnaire to your friends and family members. ADD runs in families.**

A word of caution is in order. Self-report questionnaires have advantages and limitations. They are quick and easy to score. On the other hand, people filling them out may portray themselves in a way they want to be perceived, resulting in self-report bias. For example, some people exaggerate their experience and mark all of the symptoms as frequent, in essence saying, "I'm glad to have a real problem so that I can get help, be sick, or have an excuse for the troubles I have." Others are in total denial. They do not want to see any personal flaws and they do not check any symptoms as significantly problematic, in essence saying, "I'm okay. There's nothing wrong with me. Leave me alone." Not all self-report bias is intentional. People may genuinely have difficulty recognizing problems and expressing how they feel. Sometimes family members or friends are better at evaluating a loved one's level of functioning than a person evaluating himself or herself. They may have noticed things that their loved one hasn't.

Questionnaires of any sort should never be used as the only assessment tool. Use this one as a catalyst to help you think, ask better questions, and get more evaluation if needed. Always discuss any recommendations with your personal physician.

THIS ADD TYPE QUESTIONNAIRE IS INTENDED AS AN INFORMATIONAL AND EDUCATIONAL TOOL FOR YOU AND YOUR LOVED ONES, AND IS NOT DESIGNED TO REPLACE YOUR HEALTH CARE PROVIDER'S PROFESSIONAL JUDGMENT REGARDING YOUR HEALTH. THE QUESTIONNAIRE IS NOT

INTENDED TO DIAGNOSE, TREAT, OR CURE ANY MEDICAL CONDITION, INCLUDING BUT NOT LIMITED TO ADD/ADHD, NOR IS IT INTENDED TO BE THE BASIS OF RECOMMENDING A SPECIFIC COURSE OF TREATMENT FOR YOUR MEDICAL CONDITION OR THAT OF A LOVED ONE. PLEASE WORK WITH YOUR HEALTH CARE PROVIDER FOR ADVICE ABOUT YOUR SPECIFIC MEDICAL CONDITION(S) AND TREATMENT(S) FOR SUCH CONDITION(S).

Amen Clinics Healing ADD
Brain Type Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give yourself the most complete picture, have another person who knows you well (such as a spouse, lover, or parent) rate you as well. List other person: _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	1.	Easily distracted
____	____	2.	Difficulty sustaining attention span for most tasks in play, school, or work
____	____	3.	Trouble listening when others are talking
____	____	4.	Difficulty following through (procrastination) on tasks or instructions
____	____	5.	Difficulty keeping an organized area (room, desk, book bag, filing cabinet, locker, etc.)
____	____	6.	Trouble with time, for example, frequently late or hurried, tasks take longer than expected, projects or homework are “last minute” or turned in late
____	____	7.	Tendency to lose things
____	____	8.	Makes careless mistakes, poor attention to detail
____	____	9.	Forgetful
____	____	10.	Restless or hyperactive
____	____	11.	Trouble sitting still
____	____	12.	Fidgety, constant motion (hands, feet, body)
____	____	13.	Noisy, hard time being quiet
____	____	14.	Acts as if "driven by a motor"
____	____	15.	Talks excessively
____	____	16.	Impulsive (doesn’t think through comments or actions before they are said or done)
____	____	17.	Difficulty waiting for turn
____	____	18.	Interrupts or intrudes on others (e.g., butts into conversations or games)
____	____	19.	Excessive or senseless worrying
____	____	20.	Super organized
____	____	21.	Oppositional, argumentative

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	22.	Strong tendency to get locked into negative thoughts, having the same thought over and over
____	____	23.	Tendency toward compulsive behavior
____	____	24.	Intense dislike for change
____	____	25.	Tendency to hold grudges
____	____	26.	Trouble shifting attention from subject to subject
____	____	27.	Difficulty seeing options in situations
____	____	28.	Tendency to hold onto own opinion and not listen to others
____	____	29.	Tendency to get locked into a course of action, whether or not it is good for the person
____	____	30.	Need to have things done a certain way or you become very upset
____	____	31.	Others complain that you worry too much
____	____	32.	Periods of quick temper or rage with little provocation
____	____	33.	Misinterprets comments as negative when they are not
____	____	34.	Irritability tends to build, then explodes, then recedes, often tired after a rage
____	____	35.	Periods of spaciness or confusion
____	____	36.	Periods of panic and/or fear for no specific reason
____	____	37.	Visual changes, such as seeing shadows or objects changing shape
____	____	38.	Frequent periods of *déjà vu* (feelings of being somewhere before even though you never have)
____	____	39.	Sensitivity or mild paranoia
____	____	40.	Headaches or abdominal pain of uncertain origin
____	____	41.	History of a head injury
____	____	42.	Dark thoughts, may involve suicidal or homicidal thoughts
____	____	43.	Periods of forgetfulness or memory problems
____	____	44.	Short fuse or periods of extreme irritability
____	____	45.	Moodiness
____	____	46.	Negativity
____	____	47.	Low energy
____	____	48.	Frequent irritability
____	____	49.	Tendency to be socially isolated
____	____	50.	Frequent feelings of hopelessness, helplessness, or excessive guilt
____	____	51.	Lowered interest in things that are usually considered fun
____	____	52.	Sleep changes (too much or too little)
____	____	53.	Chronic low self-esteem

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	54.	Angry or aggressive
____	____	55.	Sensitive to noise, light, clothes, or touch
____	____	56.	Frequent or cyclic mood changes (highs and lows)
____	____	57.	Inflexible, rigid in thinking
____	____	58.	Demanding to have their way, even when told no multiple times
____	____	59.	Periods of mean, nasty, or insensitive behavior
____	____	60.	Periods of increased talkativeness
____	____	61.	Periods of increased impulsivity
____	____	62.	Unpredictable behavior
____	____	63.	Grandiose or “larger than life” thinking
____	____	64.	Appears anxious or fearful
____	____	65.	Predicts the worst
____	____	66.	Freezes in social situation
____	____	67.	Physical stress symptoms, like headaches or excessive muscle tension
____	____	68.	Conflict avoidant
____	____	69.	Fear of being judged
____	____	70.	Excessive motivation

Amen Clinics Healing ADD
Brain Type Questionnaire

Scoring Key

For each of the groups listed below, add up the number of answers that were scored as “3” or “4” and place them on the space provided. A cutoff score is provided with each type. Some people score positively in more than one group; some even score positively in three or four groups. Use the results to help guide you through the treatment section.

1. Classic ADD (Questions 1 – 18)

Meets the criteria for both the inattentive questions and the hyperactivity-impulsivity questions.

Inattentive Questions 1 – 9: four or more of a score of three or four is needed to make the diagnosis, more than four is suspicious.

Hyperactivity-Impulsivity Questions 10 – 18: four or more of a score of three or four is needed to make diagnosis, more than four is suspicious.

Inattentive Score of three or four: _____

Hyperactivity-Impulsivity Score of three or four: _____

2. Inattentive ADD (Questions 1 – 9)

Four or more of a score of three or four is needed to make the diagnosis, more than three is suspicious, but does not score two or more on the hyperactivity-impulsivity questions (10 – 18).

Inattentive ADD Score of three or four: _____

3. Overfocused ADD (Questions 19 – 31)

Meets the criteria for inattention (four or more on questions 1 – 9) and also scores four or more on the overfocused questions.

Overfocused ADD Score of three or four: _____

4. Temporal Lobe ADD (Questions 32 – 44)

Meets the criteria for inattention (four or more on questions 1 – 9) and also scores four or more on the temporal lobe questions.

Temporal Lobe ADD Score of three or four: _____

5. Limbic ADD (Questions 45 – 53)

Meets the criteria for inattention (four or more on questions 1 – 9) and also scores four or more on the limbic questions.

Limbic ADD Score of three or four: _____

6. Ring of Fire ADD (Questions 54 – 63)

Meets the criteria for inattention (four or more on questions 1 – 9) and also scores four or more on the ring of fire questions.

Ring of Fire ADD Score of three or four: _____

7. Anxious ADD (Questions 64 – 70)

Meets the criteria for inattention (four or more on questions 1 – 9) and also scores four or more on the anxious questions.

Anxious ADD Score of three or four: _____

Again, you can also take this test online and get a detailed report on the best ways to overcome your type or types of ADD.

The link is http://addfull.amenclinics.com

Summary of the Seven Types of ADD

Type 1. Classic ADD (ADHD) – inattentive, distractible, disorganized, hyperactive, restless, and impulsive.

Type 2. Inattentive ADD – inattentive, easily distracted, disorganized, and often described as space cadets, daydreamers, and couch potatoes. Not hyperactive!

Type 3. Overfocused ADD – inattentive, trouble shifting attention, frequently get stuck in loops of negative thoughts or behaviors, obsessive, excessive worrying, inflexible, frequent oppositional and argumentative behavior. May or may not be hyperactive.

Type 4. Temporal Lobe ADD – inattentive, easily distracted, disorganized, irritable, short fuse, dark thoughts, mood instability, and may struggle with learning disabilities. May or may not be hyperactive.

Type 5. Limbic ADD – inattentive, easily distracted, disorganized, chronic low-grade sadness or negativity, "glass half-empty syndrome," low energy, tends to be more isolated socially, and frequent feelings of hopelessness and worthlessness. May or may not be hyperactive.

Type 6. Ring of Fire ADD – inattentive, easily distracted, irritable, overly sensitive, cyclic moodiness, and oppositional. May or may not be hyperactive.

Type 7. Anxious ADD – inattentive, easily distracted, disorganized, anxious, tense, nervous, predicts the worst, gets anxious with timed tests, social anxiety, and often has physical stress symptoms, such as headaches and gastrointestinal symptoms. May or may not be hyperactive.

Knowing your type is essential to getting the right help for yourself.

AMEN CLINICS ADD TREATMENT ALGORITHM

TYPE	SYMPTOMS	BRAIN FINDINGS/NEURO-TRANSMITTER ISSUE	SUPPLEMENTS	MEDICATIONS	DIET AND OTHER INTERVENTIONS
1. Classic ADD	Inattentive, distracted, disorganized, impulsive, hyperactive	Low PFC and cerebellum/ low dopamine (DA)	Green tea, rhodiola, or L-tyrosine plus EPA fish oil	Stimulants such as Adderall or Ritalin	Higher protein/lower carb diet, exercise
2. Inattentive ADD	Inattentive, distracted, disorganized, *not* very impulsive or hyperactive	Low PFC and cerebellum/ low DA	Green tea, rhodiola, or L-tyrosine plus EPA fish oil	Stimulants such as Adderall or Ritalin	Higher protein/lower carb diet, exercise
3. Overfocused ADD	Inattentive plus overfocused, worrying, oppositional, holds grudges	Low PFC and increased ACG/ low serotonin (S)	Green tea, rhodiola, or L-tyrosine plus 5-HTP and saffron plus EPA/DHA fish oil	SSRIs, such as Prozac, Zoloft, or Lexapro	Higher carb/lower protein diet
4. Temporal Lobe ADD	Temper problems, mood instability, irritability, memory problems, learning disabilities	Abnormal TLs/ low GABA	GABA, B6, magnesium for calming, or huperzine A, acetyl-l-carnitine, vinpocetine, ginkgo for memory PLUS EPA fish oil	Anticonvulsants, such as Lamictal for mood stability, Aricept or Namenda for memory enhancement	Higher protein/lower carb diet
5. Limbic ADD	Inattentive plus chronic low-level sadness	Low PFC plus high limbic activity	SAMe plus EPA fish oil	Wellbutrin	Higher protein/lower carb diet, exercise
6. Ring of Fire ADD	Inattentive plus hyperactive, impulsive, mood instability, sensitive to noise and touch	Excessive brain activity/ low DA and GABA levels	GABA, 5-HTP, and L-tyrosine PLUS EPA/DHA fish oil	Anticonvulsants plus SSRI	Diet balanced between protein and carbs
7. Anxious ADD	Inattentive plus anxious, tense, nervous, predicts the worst, self-medicates to calm	Low PFC and high basal ganglia/ low DA and GABA levels	Green tea, rhodiola, or L-tyrosine plus GABA, B6, magnesium plus EPA/DHA fish oil	Anticonvulsants, such as Neurontin plus stimulant	Diet balanced between protein and carbs, meditation and hypnosis

Amen Clinics Anxiety and Depression Type Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, lover, or parent) rate you as well. List other person: _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
____	____	1.	Frequent feelings of nervousness or anxiety
____	____	2.	Panic attacks
____	____	3.	Avoid places for fear of having an anxiety attack
____	____	4.	Muscle tension (such as headaches or neck and shoulder tension)
____	____	5.	Heart pounding, nausea, or dizziness (not exercise related)
____	____	6.	Predicts the worst in a situation
____	____	7.	Persistent fears or phobias (such as dying, doing something crazy)
____	____	8.	Tendency to avoid conflict
____	____	9.	Excessive fear of being judged or scrutinized by others
____	____	10.	Easily startled
____	____	11.	Tendency to freeze in anxiety provoking or intense situations
____	____	12.	Shy, timid, and easily embarrassed
____	____	13.	Bites fingernails or picks skin
____	____	14.	Persistent depressed, sad, or "blue" mood
____	____	15.	Loss of interest or pleasure from usually fun activities, including sex
____	____	16.	Excessive crying
____	____	17.	Feelings of guilt, worthlessness, helplessness, hopelessness, or pessimism
____	____	18.	Trouble going to sleep or waking up too early and being unable to go back to sleep
____	____	19.	Decreased appetite
____	____	20.	Decreased energy, fatigue, feeling "slowed down"
____	____	21.	Thoughts of death or suicide, or suicide attempts
____	____	22.	Difficulty concentrating, remembering, or making decisions
____	____	23.	Persistent physical symptoms, such as headaches, digestive disorders, or

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

chronic pain

____ ____ 24. Persistent negativity or chronic low self-esteem
____ ____ 25. Chronic low self-esteem
____ ____ 26. Persistent feeling of being dissatisfied or bored
____ ____ 27. Excessive or senseless worrying
____ ____ 28. Upset when things are out of place
____ ____ 29. Upset when things don't go the way you planned
____ ____ 30. Tendency to be oppositional or argumentative
____ ____ 31. Tendency to have repetitive negative or anxious thoughts
____ ____ 32. Tendency toward compulsive behaviors
____ ____ 33. Dislike for change
____ ____ 34. Tendency to hold grudges
____ ____ 35. Difficulty seeing options in situations
____ ____ 36. Tendency to hold on to own opinion and not listen to others
____ ____ 37. Need to have things done a certain way or you become very upset
____ ____ 38. Others complain that you worry too much
____ ____ 39. Tend to say no without first thinking about question
____ ____ 40. Rigid
____ ____ 41. Short fuse or periods of extreme irritability
____ ____ 42. Misinterprets comments as negative when they are not
____ ____ 43. Periods of spaciness or confusion
____ ____ 44. Periods of panic and/or fear for no specific reason
____ ____ 45. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
____ ____ 46. Frequent periods of *déjà vu* (feelings of being somewhere you have never been)
____ ____ 47. Overly sensitive or mild paranoia
____ ____ 48. Headaches or abdominal pain of uncertain origin
____ ____ 49. History of a head injury
____ ____ 50. Family history of violence or explosiveness
____ ____ 51. Dark thoughts, may involve suicidal or homicidal thoughts
____ ____ 52. Periods of forgetfulness or memory problems
____ ____ 53. Reading problems
____ ____ 54. Periods of abnormally elevated moods that cycle with normal or depressed moods
____ ____ 55. Periods of decreased need for sleep and feel energetic despite less sleep than

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other	Self		
			usual
____	____	56.	Periods of grandiose or high-flying notions
____	____	57.	Periods of increased talking or pressured speech
____	____	58.	Periods of too many thoughts racing through the mind
____	____	59.	Periods of markedly increased energy
____	____	60.	Periods of poor judgment and risk-taking behavior, different than usual behavior
____	____	61.	Periods of inappropriate social behavior
____	____	62.	Periods of irritability or aggression
____	____	63.	Periods of delusional or psychotic thinking
____	____	64.	Periods of feeling or acting hypersexual
____	____	65.	Periods of feeling or acting very religious, different than how you usually feel
____	____	66.	Periods of spending excessive amounts of money
____	____	67.	Trouble staying focused
____	____	68.	Feeling spacey or in a fog
____	____	69.	Feeling overwhelmed by tasks of daily living
____	____	70.	Feeling tired, sluggish, or slow moving
____	____	71.	Procrastination, failure to finish things
____	____	72.	Chronic boredom
____	____	73.	Loses things
____	____	74.	Easily distracted
____	____	75.	Poor planning skills
____	____	76.	Difficulty expressing thoughts and feelings
____	____	77.	Difficulty expressing empathy for others
____	____	78.	Trouble collecting your thought
____	____	79.	Trouble with organization
____	____	80.	Excessive sleeping
____	____	81.	Increased appetite, binge eating
____	____	82.	Winter depressions, mood problems tend to occur in the fall and winter months and recede in the spring and summer

Amen Clinics Anxiety and Depression Type Questionnaire

Scoring Key

For each of the groups of questions listed below add up the number of answers that were scored as three or four and place them on the space provided. A cutoff score is provided with each group. Some people score positively in more than one group; some score positively in three or four groups. Use the results to help guide you through the treatment section. If there is agreement between the client and the other person who filled out the questionnaire that usually means you can trust the answers. When there is significant disagreement, it is important to understand why.

1. Pure Anxiety (Questions 1 – 13)

If you have scored six or more questions with a score of "3" (frequently) or "4" (very frequently), and do not fall into any other categories, you have a high likelihood of having Pure Anxiety. If you scored three to five questions with a score of "3" or "4," and do not fall into any other categories, you have tendencies toward Pure Anxiety.

Pure Anxiety Score of three or four: _____

2. Pure Depression (Questions 14 – 26)

If you have scored six or more questions with a score of "3" (frequently) or "4" (very frequently), and do not fall into any other categories, you have a high likelihood of having Pure Depression. If you scored three to five questions with a score of "3" or "4," and do not fall into any other categories, you have tendencies toward Pure Depression.

Pure Depression Score of three or four: _____

3. Mixed Anxiety and Depression (Questions 1 – 26)

If you have scored six or more of Questions 1 – 13 with a score of "3" (frequently) or "4" (very frequently) **and** six or more of Questions 14 – 26 with a score of "3" or "4," you have met the

criteria for Mixed Anxiety and Depression.

4. Overfocused Anxiety/Depression (Questions 27 – 40)

Meets the criteria for pure anxiety and or depression and also scores six or more on the overfocused anxiety/depression questions. If you scored three to five questions with a score of "3" or "4" you have tendencies toward Overfocused Anxiety/Depression.

Overfocused Score of three or four: _____

5. Temporal Lobe Anxiety/Depression (Questions 41 – 53)

Meets the criteria for pure anxiety and or depression and also scores six or more on the temporal lobe anxiety/depression questions. If you scored three to five questions with a score of "3" or "4" you have tendencies toward Temporal Lobe Anxiety/Depression.

Temporal Lobe Score of three or four: _____

6. Cyclic Anxiety/Depression (Questions 54 – 66)

Meets the criteria for pure anxiety and or depression and also scores six or more on the cyclic anxiety/depression questions. If you scored three to five questions with a score of "3" or "4" you have tendencies toward Cyclic Anxiety/Depression.

Cyclic Score of three or four: _____

7. Unfocused Anxiety/Depression (Questions 67 – 79)

Meets the criteria for pure anxiety and or depression and also scores six or more on the unfocused questions. If you scored three to five questions with a score of "3" or "4" you have tendencies toward Unfocused Anxiety/Depression.

Prefrontal Cortex Score of three or four: _____

Other Diagnoses to Consider

Atypical Depression (Questions 80 – 81)

If you answered one or both of these questions with a score of "3" or "4"you may have an atypical form of depression. This type often does not respond to traditional antidepressant treatment. The MAOI medications, such as Nardil or Parnate may be more successful. If these symptoms are mixed with carbohydrate cravings, adding 400-600 micrograms of chromium picolinate may be significantly useful.

Seasonal Depression (Question 82)

If you answered this question with a score of "3" or "4"you may have Seasonal Affective Disorder or SAD. This type often does not respond to traditional antidepressant treatment, but is often very responsive to therapy with light. Using a "full spectrum light box" for 30 minutes every morning can make a big difference. This type is often associated with the symptoms of atypical depression. All of the symptoms may respond to light therapy. If the symptoms are mixed with carbohydrate cravings, adding 400-600 micrograms of chromium picolinate may be significantly useful.

AMEN CLINICS ANXIETY AND DEPRESSION TREATMENT ALGORITHM

TYPE	SYMPTOMS	BRAIN FINDINGS/NEURO-TRANSMITTER ISSUE	SUPPLEMENTS	MEDICATIONS	DIET AND OTHER INTERVENTIONS
1. Pure Anxiety	Anxious, tense, nervous, predicts the worst, self-medicates to calm	High basal ganglia/low GABA levels	GABA, B6, magnesium, DHA fish oil	Anticonvulsants, such as Neurontin	Higher protein, lower carb diet, meditation, hypnosis, biofeedback, ANT therapy, relaxation, exercise
2. Pure Depression	Depression, feeling hopeless, low energy, poor appetite, insomnia	Low PFC plus high limbic activity/low dopamine (DA)	SAMe, EPA fish oil	Wellbutrin	Higher protein, lower carb diet, exercise, ANT therapy, interpersonal psychotherapy
3. Mixed Anxiety and Depression	Combination of symptoms from Types 1 and 2	High basal ganglia and limbic activity/low GABA and DA	GABA, B6, magnesium, SAMe, EPA/DHA fish oil	Neurontin PLUS Wellbutrin	Higher protein, lower carb diet, exercise, meditation, hypnosis, biofeedback, ANT therapy, interpersonal psychotherapy, relaxation
4. Overfocused Anxiety and Depression	Overfocused, worrying, oppositional, holds grudges	Increased ACG/low serotonin (S)	5-HTP, saffron, or St. John's wort	SSRIs, such as Prozac, Zoloft, or Lexapro	Higher carb, lower protein diet, exercise, distraction, ANT therapy, relaxation, meditation
5. Temporal Lobe Anxiety and Depression	Temper problems, mood instability, irritability, memory problems, learning disabilities	Abnormal TLs/low GABA	GABA, B6, magnesium for calming, or huperzine A, acetyl-l-carnitine, vinpocetine, gingko for memory	Anticonvulsants, such as Lamictal for mood stability, Aricept or Namenda for memory enhancement	Higher protein, lower carb diet, exercise, stress reduction interpersonal psychotherapy
6. Cyclic Anxiety and Depression	Mood cycles (bipolar, cyclothymia, severe PMS)	High focal limbic activity/low GABA	GABA, B6, magnesium	Anticonvulsants, such as Lamictal for mood stability	Higher protein, lower carb diet, stress reduction, psychotherapy
7. Unfocused Anxiety and Depression	Sadness, anxiety, low energy, cognitive problems	Overall low activity, brain may look toxic	Green tea, rhodiola, or L-tyrosine	Wellbutrin or stimulant	Higher protein, lower carb diet, dance, stimulating music, medical workup of potential causes of toxicity

Amen Clinics Dementia Risk Assessment Questionnaire

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To assess your risk for developing dementia, write the number in parentheses on the line to the left of each item that applies to you.

_____ 1. One family member with Alzheimer's disease or any other form of dementia (3.5)

_____ 2. More than one family member with Alzheimer's disease or any other form of dementia (7.5)

_____ 3. A single head injury with loss of consciousness (2) or several head injuries without loss of consciousness (2)

_____ 4. Alcohol dependence or drug dependence in past or present (4.4)

_____ 5. Major depression or ADD/ADHD diagnosed by a physician in past or present (2 in females, 4 in males)

_____ 6. Standard American Diet (2)

_____ 7. Being obese (2)

_____ 8. History of a stroke (10)

_____ 9. Heart disease or heart attack (2.5)

_____ 10. Prehypertension or hypertension (2.3)

_____ 11. Prediabetes or diabetes (3.4)

_____ 12. Cancer chemotherapy (3)

_____ 13. Seizures in past or present (1.5)

_____ 14. Parkinson's disease (3)

_____ 15. Sleep apnea (2)

_____ 16. Less than a high school education (2)

_____ 17. Limited exercise, less than twice a week (2)

_____ 18. Jobs that do not require new learning (2)

_____ 19. Periodontal disease (2)

_____ 20. Presence of inflammation in the body, such as high homocysteine or C-reactive protein (2)

_____ 21. Smoking cigarettes for ten years or longer (2.3)

_____ 22. Low estrogen in females (2) or low testosterone in males or females (2)

_____ 23. Within the age range 65 – 74 (2)

_____ 24. Within the age range 75 – 84 (2)

_____ 25. Age 85 or older (25)

Add the numbers in the left hand column together

Total Score: _____

If the score is less than 3, then you have low risk factors for developing dementia.

If the score is between 3 and 6, then you should consider periodic monitoring.

If the score is greater than 6, then you should consider more complete evaluation soon.

Brain Area Questions

Place a check mark next to the following questions that apply to you.

SEVERITY (Check if it is presently severe)	**PROGRESSION** (Check if it is significantly worse than 10 years ago)	**TEMPORAL LOBE**
		Is there frequent difficulty remembering appointments?
		Is there frequent difficulty remembering holidays or special occasions such as birthdays or weddings?

		Is there frequent difficulty remembering to take medications or supplements?
		Is there frequent difficulty finding the right words during conversations or retrieving the names of things?
		Are there frequent episodes of irritability, anger, aggression, or a “short fuse” for little or no reason?
		Are there frequent episodes of suspiciousness, paranoia, or hypersensitivity without a clear explanation or reason why?
		Is there a frequent tendency to misinterpret what one hears, reads, or experiences?
Severity Score (total # of checks): _____	**Progression Score** (total # of checks): _____	**Temporal Lobe Severity and Progression Total** (add up total # of checks for each column)

SEVERITY (Check if it is presently severe)	**PROGRESSION** (Check if it is significantly worse than 10 years ago)	**FRONTAL LOBE**
		Is there frequent difficulty recalling events that occurred a long time ago?
		Is there frequent difficulty with judgments, such as knowing how much food to buy?
		Is there frequent difficulty thinking things through (reasoning)?
		Is there frequent difficulty handling finances or routine affairs that used to be done without difficulty?
		Is there frequent trouble sustaining attention in routine situations (e.g., chores, paperwork)?
		Is there frequent difficulty finishing chores, tasks, or other activities?

		Is there frequent difficulty with organizing and planning things?
		Are there frequent feelings of boredom, loss of interest, or low motivation to do things that were previously enjoyed?
		Is there a frequent tendency to act impulsively, such as saying or doing things without thinking first?
Severity Score (total # of checks): _____	**Progression Score** (total # of checks): _____	**Frontal Lobe Severity and Progression** **Total** (add up total # of checks for each column)

SEVERITY (Check if it is presently severe)	**PROGRESSION** (Check if it is significantly worse than 10 years ago)	**PARIETAL LOBE**
		Are there frequent wrong turns or episodes of getting lost traveling to well-known places (poor sense of direction)?
		Are there frequent problems judging where you are in relation to objects around you, (for example, bumping into things in a dark, familiar room)?
		Is there frequently a problem recognizing objects just by their feel?
		Are left and right often confused?
		Is there frequent trouble learning a new task or skill?
Severity Score (total # of checks): _____	**Progression Score** (total # of checks): _____	**Parietal Lobe Severity and Progression** **Total** (add up total # of checks for each column)

Rules for Interpreting the Progression and Severity Scores

If the Severity Score and the Progression Score is 0 then there does not seem to be a current problem.

If the Severity Score is equal to 1 and the Progression Score is 0, then this could be within the normal range. There does not appear to be an acquired disorder or progressive disorder.

If the Severity Score is equal to or greater than 2, but the progression score is 0, then there may be an acquired condition, medication effect, or a developmental disorder such as Attention Deficit Disorder, which should be further evaluated if not already done.

If Progression score is equal to 1, this could be normal but it would be worth considering further evaluation for dementia, particularly if there are risk factors for dementia.

If Progression score is greater than 1, then further evaluation for dementia should be seriously considered.

SECTION V:

BEHAVIORAL NEUROANATOMY

Section V is a detailed review of the 5 major brain systems involved in behavior as seen on SPECT imaging. This section includes illustrations, summaries of healthy functions, potential problems, related disorders, recommended treatments and common findings from imaging studies.

AMEN CLINICS BRAIN SYSTEM HANDOUTS

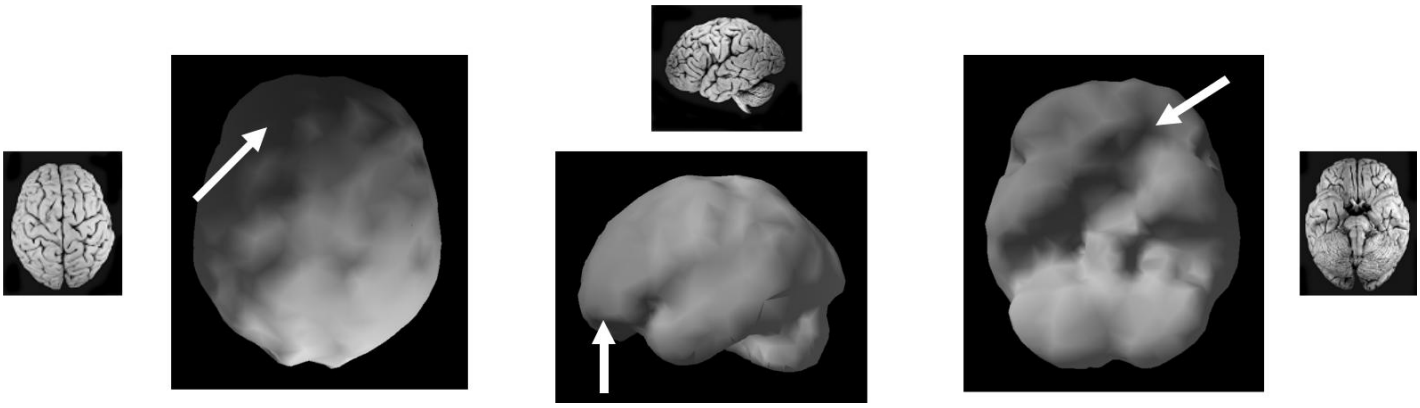
- Prefrontal Cortex (PFC) 5-1
- Anterior Cingulate Gyrus (ACG) 5-2
- Basal Ganglia System (BGS) 5-3
- Deep Limbic System/Thalamus (DLS) 5-4
- Temporal Lobes (TLs) 5-5
- Cerebellum (CB) 5-6
- Parietal Lobes (PLs) 5-7
- Toxicity/Scalloping 5-8
- Traumatic Brain Injury Patterns 5-9

OVERVIEW OF BRAIN FUNCTIONS AND PROBLEMS 5-10

AMEN CLINICS BRAIN SYSTEM HANDOUT

The following information is a compilation of the work done at the Amen Clinics. Please use this as a reference to understand the different brain systems as they relate to function, problems, and treatments. We revise this handout as new information is available.

Prefrontal Cortex (PFC)



Top down surface view Left side surface view Underside surface view

PFC FUNCTIONS	PFC PROBLEMS
Dorsal Lateral Area	
Attention	Inattention
Planning	Lack of forethought
Follow-through	Procrastination
Inferior Orbital Area	
Impulse control	Impulsive
Inhibition	Disinhibited
Judgment	Poor judgment
Empathy	Lack of empathy
Ethics	Lack of ethics
Morality	

SOME CONDITIONS AFFECTING PFC

ADHD	Depression
TBI	Dementia
Schizophrenia	Antisocial Personality
Conduct Disorder	Borderline Personality

PFC BEHAVIORAL TREATMENTS

Coaching/goal setting	Organizational help
Intense aerobic exercise	Relationship counseling
Stimulating activities	Higher protein diet
Neurofeedback	rTMS

PFC SUPPLEMENTS

- For ADD Adults – Green tea, Choline, Ashwagandha, Rhodiola, Ginseng
- For ADD kids – B6, Magnesium, Phosphatidyl Serine, Zinc, Pycnogenol, Choline
- For Depression – SAMe, Omega-3s

PFC MEDICATIONS

- For ADD – stimulants, such as Adderall or Ritalin, or Strattera
- For Depression – Wellbutrin
- For Low Energy – Provigil

Decreased perfusion in the PFC during a concentration task is often associated with impulsivity, short attention span, distractibility, and difficulties with organization and planning. We have seen a strong correlation between this finding and ADD/ADHD, especially when this occurs during the performance of a concentration task. When decreased activity in the PFC is seen during a resting state, it is often associated with depressive disorders, and may be responsive to antidepressant medication. When it is seen in both the resting and concentration states there may be a combination of depression and ADD/ ADHD present. Clinical correlation is always needed. This pattern has also been seen in response to head injuries affecting this part of the brain, and later in life in some dementia processes.

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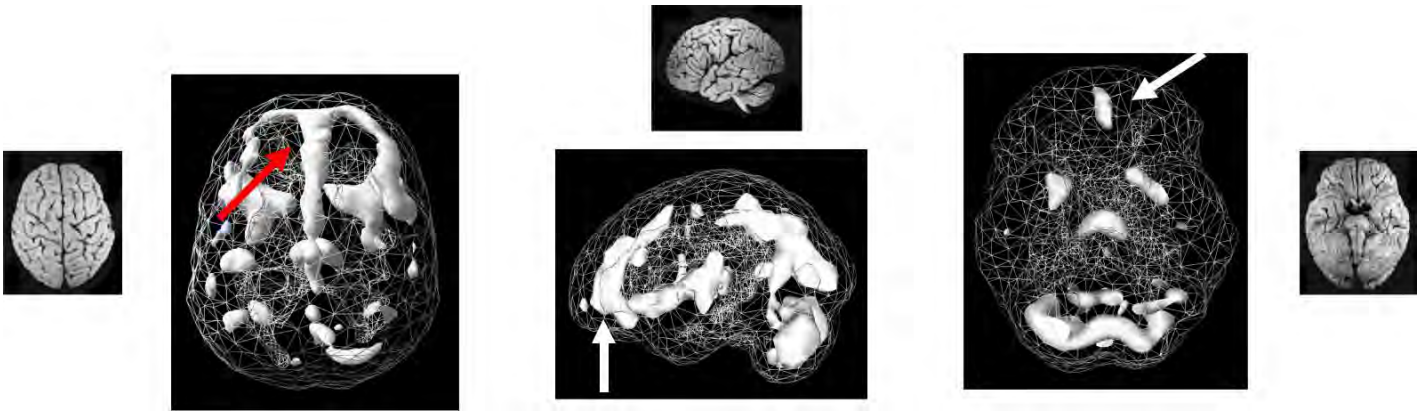
AMEN CLINICS BRAIN SYSTEM HANDOUT

Anterior Cingulate Gyrus (ACG)



Top down active view Left side active view Underside active view

ACG FUNCTIONS

Brain's gear shifter
Cognitive flexibility
Cooperation
Go from idea to idea
See options
Go with the flow
Error detection

ACG PROBLEMS

Gets stuck, trouble shifting
Inflexible, worries
Hold grudges, oppositional
Obsesses
Compulsions
Argumentative
Excessive error detection

Area 25 – mood states, activates GI system
Area 24v – emotional attention, communicates with limbic system
Area 24g (genu) – attention to cold cognition
Area 24d – activated in nearly all cognitive tasks, focus to detail
Area 24d more posterior – error detection
Middle Cingulate – response to pain, also insular cortex
Posterior Cingulate – visual memory, visual attention, response to pain, posterior part has access to hippocampus and memory circuit

SOME CONDITIONS AFFECTING ACG

OCD
PMS
PTSD
Addictions
Anxiety Disorders
Eating Disorders
Chronic Pain
Oppositional Defiant Disorder

ACG BEHAVIORAL TREATMENTS

Distraction
Paradox
Options
Cognitive/behavioral strategies
Intense aerobic exercise
Higher carb/lower protein diet

ACG SUPPLEMENTS

- For Worry, Insomnia, and Depression – B6, Folate, B12, Satiereal, 5HTP, Omega-3s
- For Anxiety – Inositol, Omega-3s

ACG MEDICATIONS

- For Worry, Anxiety, and Depression – SSRIs, such as Lexapro, Paxil, Zoloft, Celexa, Prozac, Luvox
- If also low PFC – Effexor or Cymbalta
- Atypical antipsychotics in refractory cases

Increased activity in the anterior cingulate gyrus and prefrontal cortex is often associated with problems shifting attention which may be clinically manifested by cognitive inflexibility, obsessive thoughts, compulsive behaviors, excessive worrying, argumentativeness, oppositional behavior or "getting stuck" on certain thoughts or actions. We have seen a strong association with this finding and obsessive-compulsive disorders, oppositional defiant disorders, eating disorders, addictive disorders, anxiety disorders, Tourette's syndrome and chronic pain (especially when combined with increased basal ganglia activity). If clinically indicated, hyperactivity in this part of the brain may be helped by anti-obsessive antidepressants that increase serotonin. Certain forms of behavior modification techniques have also been found to help decrease activity in this part of the brain. When this area is too low in activity it is often associated with low motivation and poor verbal expression. When there is an off-centered cingulate (asymmetrically positioned) it may be in response to a brain injury. Clinical correlation is always needed.

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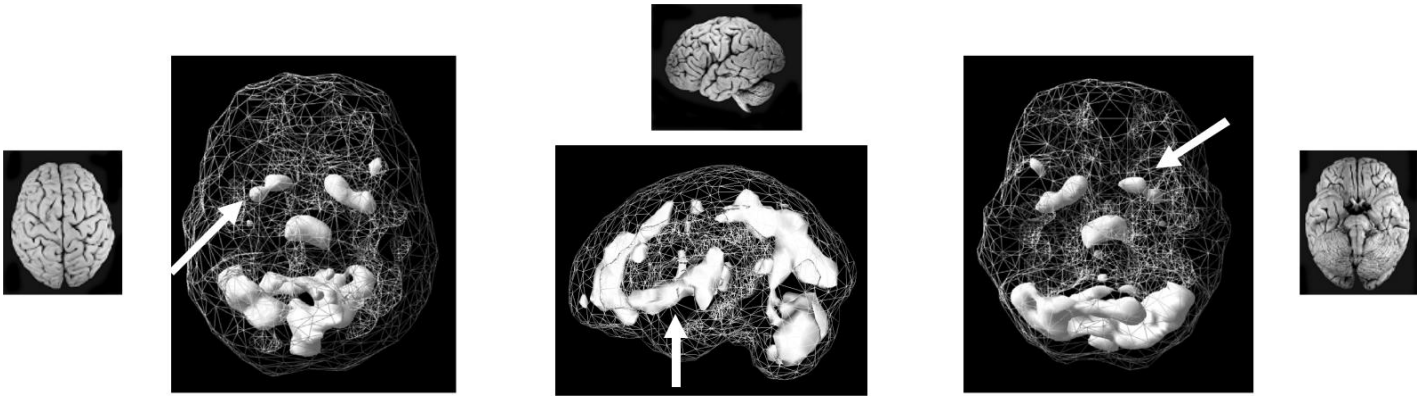
AMEN CLINICS BRAIN SYSTEM HANDOUT

Basal Ganglia System (BGS)



Top down active view | Left side active view | Underside active view

BGS FUNCTIONS **BGS PROBLEMS**

Caudate

Sense of calm	Tension, nervousness
Sets anxiety level	Anxiety/panic
Conflict avoidance	Predicting the worst

Putamen

Motor related	Tremors/tics

Nucleus Accumbens

Mediates pleasure	Addiction

** Ventral striatum has to do with limbic/ emotional/ neuroendocrine regulation, while dorsal caudate is more related to dorsal PFC/executive and 'cold' cognitive functions

SOME CONDITIONS AFFECTING BGS

Anxiety Disorders	Tourette's/Tics
Movement Disorders	OCD
PTSD	

BGS BEHAVIORAL TREATMENT

ANT therapy	Hypnosis
Body biofeedback	Relaxing music
Assertiveness training	Meditation
Limit caffeine/alcohol	EMDR

BGS SUPPLEMENTS

- For Anxiety – Magnesium, Relora, Holy Basil, Taurine, L-Theanine, GABA
- Omega-3s

BGS MEDICATIONS

- For Anxiety – Buspirone; anti-seizure meds; some blood pressure medications, such as Propranolol may help; Benzodiazepines (low dose, short time)

Increased basal ganglia activity is often associated with anxiety (left-sided problems are often associated with irritability, right-sided problems more often associated with inwardly directed anxiety). Often, we have seen increased activity in this part of the brain in our normal population as well. We have also seen increased activity in the basal ganglia associated with increased motivation. Clinical correlation is needed. We have seen relaxation therapies, such as biofeedback and hypnosis, and cognitive therapies help calm this part of the brain. If clinically indicated, too much activity in the BGS may be helped by antianxiety medications, such as buspirone. If the finding is focal in nature (more on one side than the other), sometimes anticonvulsant medications can also be helpful.

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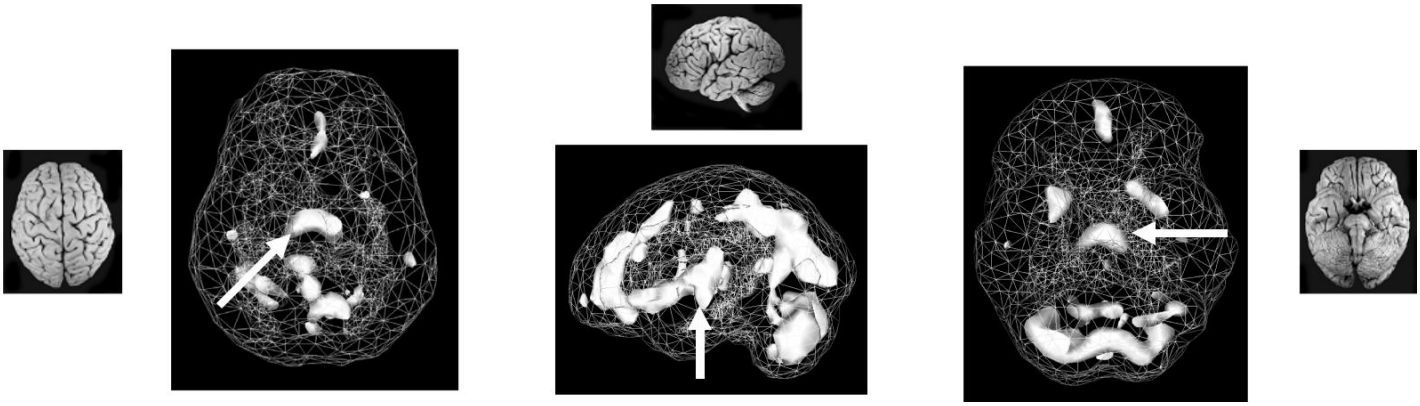
AMEN CLINICS BRAIN SYSTEM HANDOUT

Deep Limbic System/Thalamus (DLS)



Top down active view | Left side active view | Underside active view

DLS FUNCTIONS

Mood control
Motivation
Attitude
Appetite/sleep
Bonding
Sense of smell
Libido

DLS PROBLEMS

Depression, negativity
Poor motivation
Poor attitude
Sleep/appetite issues
Tends to isolate
Poor sense of smell
Hopelessness, guilt

SOME CONDITIONS AFFECTING DLS

Depression
Cyclic Mood Disorders
Pain Syndromes

BEHAVIORAL TREATMENTS

Biofeedback
Intense aerobic exercise
Relationship counseling
Increase left prefrontal activity
Cognitive/behavioral strategies
Higher protein/lower carb diet

DLS SUPPLEMENTS

- For Depression – SAMe, Omega-3s
- For Cyclic Mood – GABA, Omega-3s
- For Pain – SAMe

DLS MEDICATIONS

- For Depression – Antidepressants, such as Wellbutrin, Effexor, or Cymbalta
- SSRIs if high ACG also present
- For Cyclic Moods – Anticonvulsants or Lithium
- For Pain – Cymbalta

Increased activity in the DLS is often associated with depression, dysthymia, and negativity. Left-sided problems are often associated with anger and irritability; right-sided problems are more often associated with inwardly directed sadness. In our experience, we have seen diffuse DLS overactivity tends to be more consistent depression and focal increased DLS activity (more on one side than the other) to be associated with cyclic mood disorders. When focal increased uptake is found in conjunction with patchy increased uptake across the cortical surface there is a higher likelihood of a cyclothymic or bipolar disorder. If clinically indicated, diffuse increased DLS uptake is often helped by antidepressant medications. If there is also increased anterior cingulate activity, consider a serotonergic antidepressant. If there is not increased anterior cingulate activity, consider an antidepressant which increases either dopamine (such as bupropion) or norepinephrine (such as imipramine or desipramine). We use anticonvulsants or lithium to help with focal DLS hyperactivity when a cyclic mood clinical pattern is present. We have also seen increased activity in this part of the brain in our normal population. Clinical correlation is needed.

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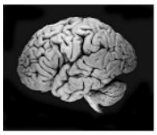
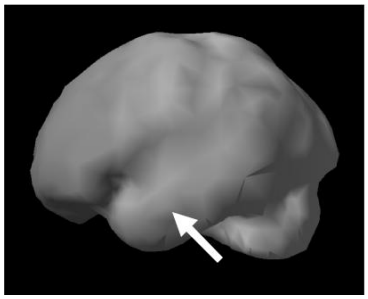
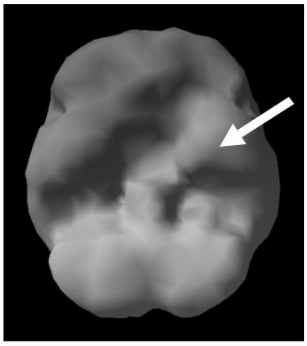
AMEN CLINICS BRAIN SYSTEM HANDOUT

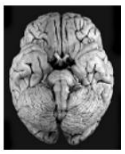
Temporal Lobes (TLs)





Left side surface view





Underside surface view

TL FUNCTIONS	TL PROBLEMS
Amygdala	
Emotional reactions	Moodiness
Emotional valence	Fears, anxiety
Temper control	Anger
Mood stability	Irritability
	Phobias
	Dark thoughts
Hippocampus	
Memory	Forgetfulness
Lateral Aspect	
Language	Trouble finding words
Listening	Processing issues
Reading	Poor reading
Read social cues	Poor social skills
Spiritual experience	Religiosity
Rhythm, music	Rhythm problems
Unusual experiences	Déjà vu
Inferior Aspect	
Recognize faces	

SOME CONDITIONS AFFECTING TLS

TBI	Serious Depression
Anxiety	Temporal Epilepsy
Amnesia	Dissociation

L – Aggression, Dyslexia
R – Autism Spectrum Disorders

TL BEHAVIORAL TREATMENTS

Biofeedback	Higher protein/lower carb diet
Anger management	Relationship counseling

TL SUPPLEMENTS

- For Mood Stability, Irritability, or Anxiety – GABA, Valerian, Omega-3s
- For Memory – Gingko and Vinpocetine for blood flow, Huperzine A for Acetylcholine, Phosphatidyl serine, NAC, and Alpha Lipoic Acid

TL MEDICATIONS

- For Mood Stability, Irritability, and Anxiety – anti-seizure medications
- For Anxiety, Irritability, and Pain – Neurontin
- For Bipolar Symptoms – Lamictal and Depakote
- For more serious memory problems – memory-enhancing medications, such as Namenda, Aricept, Exelon, or Reminyl

Abnormal TL (either increased or decreased) activity may be associated with mood instability, irritability, memory problems, abnormal perceptions (auditory or visual illusions, periods of déjà vu), periods of anxiety with little provocation, periods of spaciness or confusion, and unexplained headaches or abdominal pain. Left-sided problems are more associated with irritability and dark thoughts: right-sided problems are more associated with anxiety and social struggles. Anticonvulsant medications often help with TL problems. In our experience, decreased activity in the posterior aspects of the left temporal lobes is often, although not always, associated with language and learning problems, especially reading and auditory processing problems. Memory loss is often associated with decreased activity in the medial temporal lobes.

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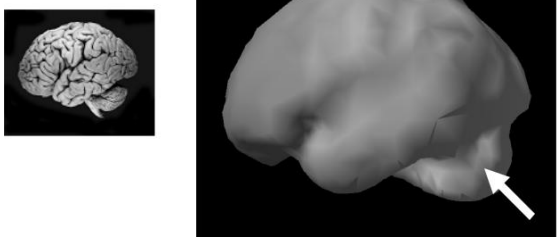
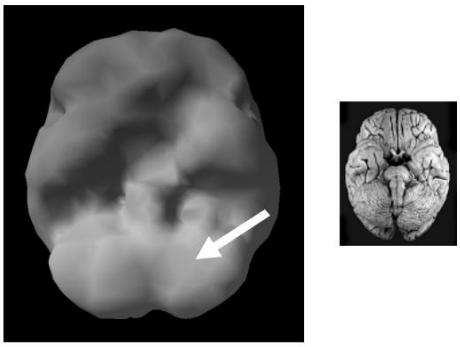
AMEN CLINICS BRAIN SYSTEM HANDOUT

Cerebellum (CB)



Left side surface view



Underside surface view

CB FUNCTIONS

Motor control
Posture, gait
Executive function, connects to PFC
Speed of cognitive integration (like clock speed of computer

CB PROBLEMS

Gait/coordination problems
Slowed thinking
Slowed speech
Impulsivity
Poor conditioned learning

SOME CONDITIONS AFFECTING CB

TBI
ADHD
Alcohol Abuse
Autism Spectrum Disorder

CB TREATMENTS

Prevention of brain injury
Stop alcohol use or other toxic exposure
Occupational therapy
Maximize brain nutrition
Hyperbaric oxygen therapy
Interactive metronome
DoreUSA Program (cerebellar rehab)
Coordination exercises such as dance or table tennis

The cerebellum is usually the most active part of the brain and is usually symmetrical in appearance. When it is low in activity it has been associated with ADD, autism spectrum disorders, TBI, toxic exposure, and judgment or impulsivity issues.

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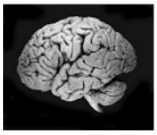
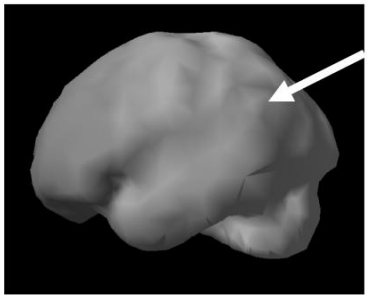
AMEN CLINICS BRAIN SYSTEM HANDOUT

Parietal Lobes (PLs)





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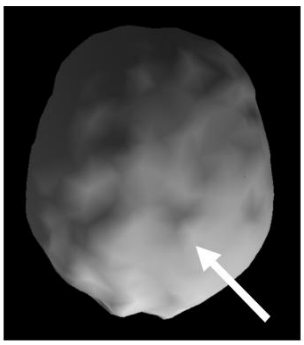

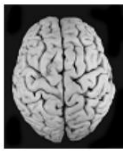

Top down surface view

PL FUNCTIONS	PL PROBLEMS
Direction sense	Gets lost easily
Create and read maps	Poor map reading
Sense of touch	Oversensitive
Spatial processing	Poor spatial processing
See objects in space	Poor tracking
Visual guidance	Poor visual guidance
Distinguishes L from R	R/L confusion
L – Spatial cognition	Calculation, writing, reading
R – Admitting a problem	Denial
Personal ownership	Unilateral neglect
	Construction apraxia

SOME CONDITIONS AFFECTING PLS

TBI
Toxic Exposure
Infection
Anoxia
Substance Abuse
Alzheimer's Disease

PL TREATMENTS

Prevention of brain injury/toxic exposure
Occupational therapy
Maximize brain nutrition
Hyperbaric oxygen therapy
Sensory integration therapy

Increased activity in the PLs often indicates hypersensitivity to noise, touch, and taste. The parietal lobes have also been implicated in attentional issues and distractibility (too much stimulation comes in). In addition, when there is bilateral parietal lobe and frontal lobe activity it is often associated with a pattern we call the ring of fire. Decreased activity in the PLs may be associated with TBI, toxicity, or memory loss and Alzheimer's disease.

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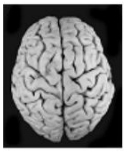
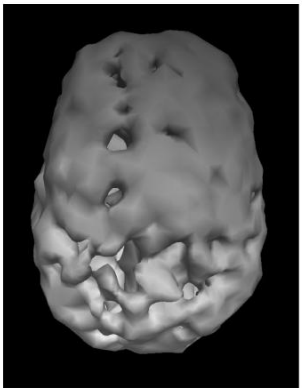
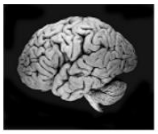
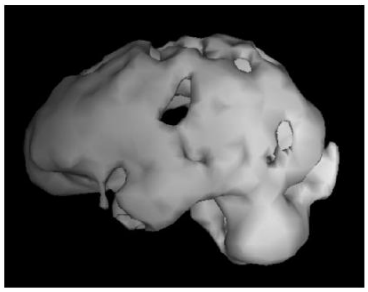
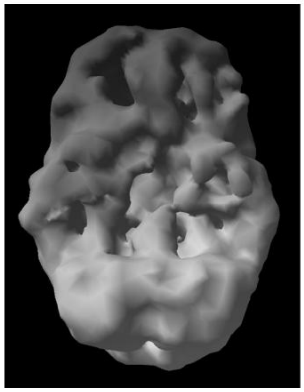
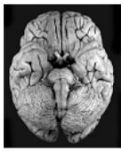
AMEN CLINICS BRAIN SYSTEM HANDOUT

Toxicity/Scalloping

Top down surface view Left side surface view Underside surface view

TOXICITY/SCALLOPING

On scans toxicity shows up as scalloping, bumpy, or irregular appearance

TOXICITY/SCALLOPING CAUSES

Drug or alcohol abuse/exposure
Environmental toxic exposure (paint fumes, solvents, metals, pesticides, pollution, mold)
Oxygen deprivation
Brain infections
Cancer chemotherapy
Anesthesia/surgery
Metabolic issues (thyroid, liver, kidney)

TOXICITY/SCALLOPING SYMPTOMS (DEPENDS ON SYSTEM AFFECTED)

Cognitive problems (attention and memory)
Irritability, fatigue
Prefrontal, temporal, and/or parietal lobe symptoms

TOXICITY/SCALLOPING TREATMENTS

Eliminate offending agent(s)
Maximize brain nutrition
Hyperbaric oxygen therapy
Brain healthy strategies to consider:

- Both physical & mental exercise
- Avoid behaviors risky for brain injury
- Omega-3s
- Alpha Lipoic Acid, 100-300mg 2XD
- Multiple vitamin
- Vitamin E 100 IUs 2XD and Vitamin C 1,000mg 2XD as antioxidants
- Coenzyme Q10, 100-400 mg/day help with energy/ memory, especially if Parkinson's disease is present or in family
- Gingko, Vinpocetine, Huperzine A, Phosphatidyl Serine, NAC

Toxicity or scalloping is often seen on scans and may be due to a number of causes, such as substance abuse, environmental toxins, oxygen deprivation, infections, etc. Scans cannot date the time of exposure or injury, but say if there is increased likelihood that they occurred. When toxicity is present it is critical to eliminate the offending agent and work to regain the best brain health possible.

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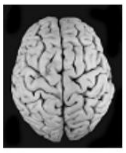
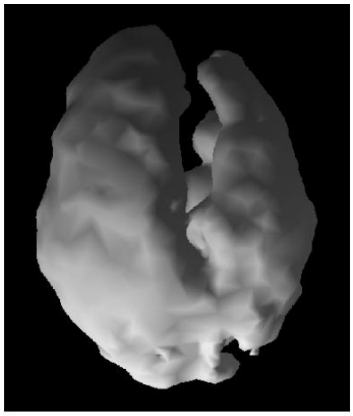
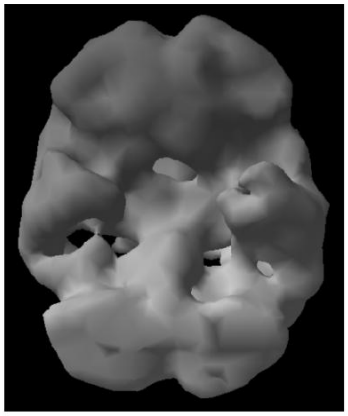
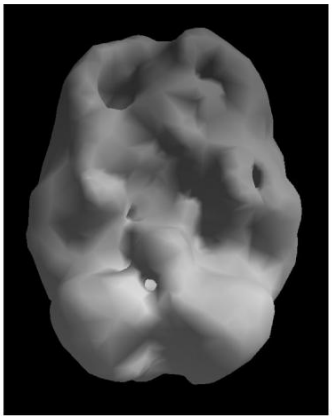
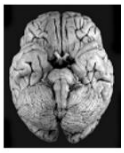
AMEN CLINICS BRAIN SYSTEM HANDOUT

Traumatic Brain Injury (TBI) Patterns

Top down surface view | Underside surface view | Underside surface view

TBI PATTERNS

TBI can appear in many different patterns on scans. Typically, there is:

- Focal areas of decreased activity in the prefrontal cortex, temporal lobes, parietal lobes, occipital lobes
- Decreased prefrontal pole(s)
- Decreased anterior temporal poles
- Decreased anterior and posterior temporal lobes
- Focal areas of increased activity
- Off-center anterior cingulate activity

CAUSES OF TBI

Blunt force
Whiplash injuries
Acceleration/deceleration injuries
Falls, sports, motor vehicle accidents
Loss of consciousness may not have occurred

TBI SYMPTOMS (DEPENDS ON SYSTEM AFFECTED)

Cognitive problems (attention and memory)
Irritability
Fatigue
PFC, TL, and PL symptoms

PHYSICAL BRAIN TRAUMA TREATMENTS

Eliminate risk for future injuries
Maximize brain nutrition
Hyperbaric oxygen therapy
Neurofeedback for damaged area(s)
Brain healthy strategies to consider:

- Both physical & mental exercise
- Avoid behaviors risky for TBI
- Omega-3s
- Multiple vitamin
- Gingko, Vinpocetine, Huperzine A, Phosphatidyl Serine, NAC, Alpha Lipoic Acid
- Coenzyme Q10, 100-400 mg/day (help with energy/ memory, especially if Parkinson's disease is present or in family

TBI is more common than people realize. On scans, we often see damage from what most people would consider minor brain trauma. Scans cannot date the time of the injury, but say if there is increased likelihood that they occurred. When TBI is present, it is critical to minimize the future risk for another TBI and work to regain the best brain health possible.

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OVERVIEW OF BRAIN FUNCTIONS AND PROBLEMS

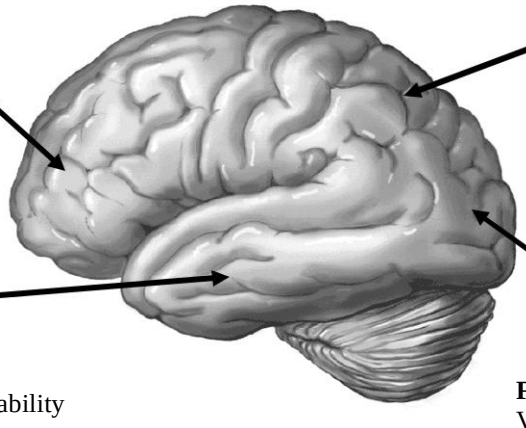
Outside View Of The Brain

Prefrontal Cortex

Functions	Problems
Attention	Inattention
Judgment	Poor judgment
Planning	Lack of forethought
Impulse control	Impulsive
Follow through	Procrastination
Empathy	Lack of empathy

Parietal Lobe

Functions	Problems
Direction sense	Gets lost easily
Reading maps	Poor map reading
Sense of touch	Oversensitive to light, touch, or sound
Sees objects in space (catches a ball)	



Temporal Lobe

Functions	Problems
Memory	Forgetfulness
Mood stability	Moodiness, irritability
Temper control	Anger
Language	Trouble finding words
Listening	Processing problems
Reading	Poor reading
Read social cues	Poor social skills
Rhythm, music	Rhythm problems
Spiritual experience	Unusual experience

Occipital Lobe

Functions	Problems
Vision	Vision problems
Seeing in 3D	Visual distortions
Sees color	Color blindness
Sees lines	Visual hallucinations

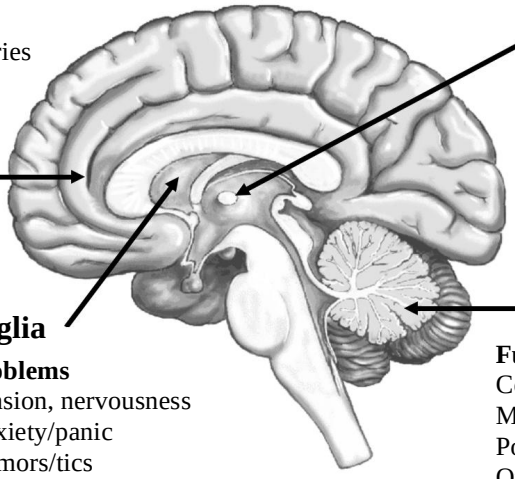
Inside View of the Brain

Anterior Cingulate Gyrus

Functions	Problems
Gear shifter	Gets stuck, worries
Flexibility	Rigid
Cooperation	Argumentative
Go with the flow	Oppositional
See options	Addictions
Error correction	Obsessions or compulsions

Deep Limbic System

Functions	Problems
Mood control	Depression
Motivation	Poor motivation
Attitude	Poor attitude
Appetite/sleep	Sleep/appetite issues
Bonding	Tends to isolate
Sense of smell	Lack of smell
Libido	Negativity, guilt
	Hopelessness



Basal Ganglia

Functions	Problems
Sense of calm	Tension, nervousness
Sets anxiety level	Anxiety/panic
Movement	Tremors/tics
Mediates pleasure	Conflict avoidance
	Predicting the worst

Cerebellum

Functions	Problems
Coordination	Poor coordination
Motor control	Poor motor control
Posture	Unstable posture
Organization	Disorganization
Judgment	Poor judgment
Speed of thought	Slow thinking, slow speech, and slow walk

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SECTION VI:

BRAIN SPECT IMAGING IN CLINICAL PRACTICE

Section VI describes the science and clinical indications for the use of brain SPECT imaging as well as benefits for the clinician and the patient.

WHY SPECT? 6-1

FREQUENTLY ASKED QUESTIONS ABOUT BRAIN SPECT IMAGING 6-8

Why SPECT?

Daniel G. Amen, MD

Your brain is involved in everything you do, including how you think, how you feel, how you act, and how well you get along with other people.

When your brain works right, you work right; and when your brain is troubled, you are much more likely to have trouble in your life.

Looking at the Brain Changes Everything

Over the last 26 years, Amen Clinics has built the world's largest database of brain SPECT scans which has revolutionized how we help our patients and teach the world about brain health. SPECT stands for single photon emission computed tomography. It is a nuclear medicine study that looks at blood flow and activity patterns. It is widely used to study heart, liver, thyroid, bone, and brain problems.

SPECT imaging allows physicians to look deep inside the brain and observe three things:

- areas of the brain that *work well*
- areas of the brain that *are overactive*
- areas of the brain that *are underactive*

The areas of over- or underactivity are often the biological underpinnings of many symptoms and conditions.

Amen Clinics has performed more than 115,000 brain SPECT studies on patients of all ages from 111 countries around the world, and have scanned many healthy people interested in knowing the status of their brain function, especially as they get older.

According to the *Practice Guidelines* of the American College of Radiology, common uses of brain SPECT include: the evaluation of symptomatic traumatic brain injury (especially in the absence of CT or MRI findings), evaluation of patients with suspected dementia, presurgical localization of seizure foci, and the detection and evaluation of cerebral vascular disease.[1]

With the depth of our experience at Amen Clinics, we have expanded the clinical indications for the use of brain SPECT to include: the evaluation of complex or resistant psychiatric issues, subtyping ADD, anxiety and depression, assessing memory problems, aggression, school, job and relationship failure, alcohol and substance abuse, and for optimizing brain function.

When and why would you order a SPECT study?

The purpose of this article is to answer that question and to point out some of the benefits and caveats for using this powerful tool.

Brain SPECT Imaging: Benefits for Physicians and Mental Health Clinicians

A SPECT scan can show:

- **Areas of the brain implicated in specific problems**, such as the prefrontal cortex (executive function) and the medial temporal lobes (long-term memory storage).

- **Unexpected findings that may be contributing to the presenting problem(s)**, such as brain toxicity, traumatic brain injury (TBI) and concussion, or infection, such as Lyme disease.

- **Potential, and sometimes unsuspected, seizure activity**, especially in the areas of the medial temporal lobe; in many cases it is more accurately seen by SPECT than standard EEG.

- **Targeted areas for treatment**, such as overactive basal ganglia or anterior cingulate gyrus (seen in anxiety and OCD spectrum disorders), temporal lobe problems (seen in seizure disorders and TBI) or underactive frontal lobes (seen in ADD and TBI).

- **Specific effects of medication on the brain** to help guide us in adjusting dosages or augmenting treatment. For example, patients often report that SSRIs are helpful, but also cause decreased motivation or memory problems; on SPECT we may see a pattern of decreased prefrontal or temporal lobe activity.

- **Improved (or worsened) changes in brain function from treatment.** SPECT can help us gauge a patient's progress with the recommended treatment plan.

Additional Insight: A SPECT scan can provide explanations for refractory symptoms and help clinicians ask better and more targeted questions (e.g. about toxic exposure, brain injuries, anoxia, inflammation, or infections that patients may have denied or forgotten).

Early Detection: A SPECT scan can help to evaluate the risk for dementia, because the pathological processes in the brain begin many years before clinical symptoms are evident—usually there is a 30% loss of hippocampal tissue *before* memory loss occurs. Using autopsy data in 54 patients, Bonte et al., reported that brain SPECT had a positive predictive value for Alzheimer's disease of 92%.[2]

A SPECT scan can also help to differentiate between types of dementia. In the early stages, Alzheimer's disease, frontal temporal lobe dementia, Lewy body dementia, and multi-infarct dementia each have their own blood flow patterns, although patients may have similar looking symptoms.

Medication: A SPECT scan helps clinicians understand the rationale for using certain medications, such as anticonvulsants to stabilize temporal lobe function or calm areas of marked hyperactivity, stimulants to enhance decreased prefrontal perfusion, or SSRIs to calm basal ganglia and anterior cingulate hyperactivity.

A SPECT scan can help us to avoid prescribing incorrect treatments that make problems worse, such as unnecessarily stimulating an already overactive brain or calming an underactive one.

A SPECT scan is also useful in determining if further adjustment of medication is needed. Scans of patients on medication can reveal if areas of the brain are still overactive or underactive.

TBI: A SPECT scan can identify specific areas of the brain affected by TBI, target treatment more precisely, and help support insurance, legal, and rehabilitation issues by providing evidence of brain function problems.

Relapse: A SPECT scan can often identify factors contributing to relapse in those recovering from alcohol or substance abuse, eating disorders, or sexual addiction. For example: the patient may have suffered an injury to the prefrontal cortex or temporal lobes and have overactivity in the anterior cingulate gyrus, basal ganglia, limbic system, or prefrontal cortex; each of which could indicate comorbid disorders requiring treatment.

Brain SPECT Imaging: Benefits for Patients

Pictures are powerful…

A SPECT scan allows patients to see a physical representation of their problems that is accurate and reliable and helps to increase compliance. It can influence a patient's willingness and ability to accept and adhere to the treatment program. They can better understand that not treating anxiety, depression, rage, ADD, etc. is similar to not wearing the correct prescription glasses.

A SPECT scan helps to develop a deeper understanding of the problem, resulting in less shame, guilt, stigma, and self-loathing. This can promote self-forgiveness, which is often the first step in healing. Patients can see that their problems are, at least in part, medical and physical.

A SPECT scan helps families understand when problems such as permanent brain damage from an injury will not get better, so that they can better accept the condition and plan accordingly.

A SPECT scan shows substance abusers the damage they have done to their brains (thus confronting their denial), provides them with motivation in treatment to improve their brains, and supports perseverance in their sobriety.

A SPECT scan shows patients how treatments have impacted (improved or worsened) brain function.

A SPECT scan helps motivate abusive or unstable spouses to follow medication protocols by showing that there are physical abnormalities contributing to their problems.

A SPECT scan is useful for cancer patients suffering with brain toxicity from chemotherapy. It gives them insight into their cognitive struggles and also helps their doctors see the neurophysiological and emotional effects of having cancer and its treatment, while guiding strategies for help and possible rehabilitation.

A SPECT scan can help take modern psychopharmacology from mystery and unknown consequences to more predictable outcomes.

A SPECT scan allows patients to understand why specific treatments are indicated, which medication are likely to be most helpful, and what other interventions may be indicated.

How SPECT Differs from MRI, fMRI, and PET

A SPECT scan is similar to an MRI study in that both can show 3D images and slices of the brain. However, whereas MRI shows the physical anatomy or structure of the brain, SPECT shows how the brain is actually functioning. PET, another nuclear imaging technique, is very similar to SPECT but is a more costly imagining technique.

Both SPECT and PET scans show areas of the brain that are healthy, overactive, or underactive. Standard MRI does not provide information on function; however, a newer version of MRI, functional MRI (fMRI), is capable of showing brain activity and is used extensively in scientific research on brain function. fMRI shows instantaneous neural activity to see how the brain responds to a specific stimulus. With SPECT, we see brain activity averaged over a few minutes so it is better at showing brain function during everyday activities such as concentrating, meditating, reading, etc. With both fMRI and PET, the images are acquired when a patient lies in

the camera, which can be uncomfortable, noisy, and anxiety provoking. With SPECT, the image occurs when a patient is in the injection room (the injection essentially creates a “snapshot” of brain activity), making the procedure more reliable and easier to do.

Ensuring High Quality SPECT Imaging

Although a SPECT scan is simple from the patient’s perspective, it takes considerable skill and experience to dependably generate accurate brain SPECT images suitable for psychiatric applications. Equally important is the need for total consistency in imaging techniques for all patients so that results are quantifiable, repeatable, and reliable.

SPECT Scan Issues to Consider

Variability of the Technique

Processing protocols must be standardized and optimized. Motion can ruin a scan, so it is important that there is NO MOTION by the patient during the procedure. Expertise is needed to identify and deal with image artifacts (anomalies that could affect the interpretation of the scan) and other sophisticated technical issues.

Variability of Cameras

Multi-headed cameras are clearly superior, as they scan much faster. It takes an hour to do a scan on a single-headed camera, 30 minutes on a dual-headed camera, and 15 minutes on a triple-headed camera, which is the type used at all of the Amen Clinics.

Experience of Brain Scan Readers

At Amen Clinics, we have developed a standardized reading technique that is used at all of our clinics.

Image Display

Scans must be clear, understandable, easily illustrative of brain function, and available to the patient on a timely basis. We believe our 3D rendering software makes the scans easy for professionals, patients, and families to understand.

Drugs

Scans can be affected by a number of substances, which need to be controlled for, such as medications, street drugs, alcohol, and caffeine.

Amen Clinics has established standardized procedures to address each of these important quality control issues so that we are able to reliably produce the highest quality images.

Frequently Asked Questions About SPECT

Q - How consistent are the results from day-to-day?

A - The paper by Villanueva-Meyer, Javier, M.D., et al. elegantly answers this question, showing that there is less than 3% variability in SPECT scans over time for the same activity.[3] Our own clinical experience – scanning people sequentially and sometimes 12 years apart – is that SPECT patterns are the same unless you do something to change the brain. SPECT is a reproducible and reliable method for sequential evaluation.

Q - What is normal?

A - In the SPECT literature over the past 34 years, there have been more than 59 studies looking at normal issues in over 4,111 patients; including more than 300 children from birth on (see http://www.amenclinics.com/the-science/research-tables/normal-research/ for references and more information). Plus, there are normal areas in almost all of our >115,000 SPECT studies. In addition, we have scanned many normal people. Normal scans show full, even, symmetrical activity, with the cerebellum being the most active area of the brain.

Q - Some physicians say, "I don t need a scan for diagnosis, I can tell clinically." Is this true?

A - Often, well-trained physicians can tell the diagnosis clinically, but without a scan they can never know the underlying brain pattern or physiology which can directly impact the effectiveness of treatment.

Q - Should I be concerned about the radiation exposure, especially in children?

A - The average radiation exposure for one SPECT scan is 0.7 rem, similar to a nuclear bone scan or brain CT scan, and is considered a safe procedure, according the guidelines established by the American Academy of Neurology.[4] These other procedures are routinely ordered for many common medical conditions (i.e. bone fractures or head trauma), further suggesting that the levels of radiation exposure are generally acceptable in medical practice. *Ineffective treatment of psychiatric illness* poses more risk than the low levels of radiation associated with a SPECT scan.

What a SPECT Scan Cannot Provide

Despite the many benefits of SPECT, there are clearly some things that it cannot provide. For example, a SPECT scan cannot:

1. Give a diagnosis in the absence of clinical information.
2. Specify the date of a head injury, infection, or toxic exposure.
3. Assess or evaluate IQ.
4. Assess or evaluate guilt, innocence, motivation, or sanity of a criminal defendant.
5. Guarantee a perfect diagnosis or a cure.

Conclusion

At the Amen Clinics, our experience with more than 115,000 brain SPECT scans and 26 years in clinical practice guides us in delivering the highest quality SPECT images that are most useful to patients and practitioners.

Endnotes

1. American College of Radiology (2012 revision) ACR–SPR Practice guideline for the performance of single photon emission computed tomography (SPECT) brain perfusion and for brain death examinations.

2. Bonte FJ, Weiner MF, Bigio EH, White CL (1997) Brain blood flow in the dementias: SPECT with histopathologic correlation in 54 patients. Radiology, 202: 793-7977.

3. Villanueva-Meyer, Javier M.D. et al (1999). Cerebral blood flow during a mental activation task; responses in normal subjects and in early Alzheimer's disease patients. Alasbimn Journal, 1(3).

4. Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology; Assessment of brain SPECT (1996) 46: 278- 2857.

Amen Clinics
For Potential Patients: Frequently Asked Questions About Brain SPECT Imaging

What is brain SPECT imaging?

SPECT stand for single photon emission computed tomography. It is a nuclear medicine procedure that is widely used to study heart, liver, thyroid, bone, and brain problems. Brain SPECT imaging gives you and your doctor information on the blood flow and activity patterns of your brain.

What is the purpose of the brain SPECT imaging procedure?

Brain SPECT imaging is a proven and reliable measure of cerebral blood flow and activity; therefore, it is used as a tool in the evaluation and treatment process at Amen Clinics. SPECT effectively shows us the patterns of activity in your brain. It lets our physicians look inside the brain to observe three things: areas of the brain that work well; areas of the brain that work too hard; and areas of the brain that don't work hard enough.

Will the SPECT study give me an accurate diagnosis?

No. A SPECT study by itself will not give a diagnosis. In fact, no imaging study by itself is a "doctor in a box" that can give accurate diagnoses on individual patients. SPECT imaging helps the physician understand more about the specific function of your brain. Each person's brain is unique which may lead to unique responses to treatment. At Amen Clinics, diagnoses about specific conditions are made through a combination of clinical history, personal interview, information from family members, questionnaires and checklists, SPECT studies and neuropsychological tests.

Why are SPECT studies ordered?

Some of the common reasons include:

1. Evaluating suspected seizure activity
2. Evaluating suspected cerebral vascular disease (such as stroke)
3. Evaluating cognitive decline and suspected dementia or other memory problems
4. Evaluating the effects of mild, moderate and severe head trauma
5. Evaluating the presence of a suspected underlying organic brain condition that contributes to behavioral or emotional disturbances
6. Evaluating aggressive or suicidal behavior

7. Evaluating the extent of brain impairment caused by drug or alcohol abuse or other toxic exposure
8. Subtyping the physiology of underlying mood disorders, anxiety disorders, or attention deficit disorders
9. Evaluating atypical, unresponsive or mixed psychiatric conditions
10. Following up to evaluate the physiological effectiveness of treatment
11. General brain health check-up

Do I need to be off medication before the study?

We know some people worry they may not get accurate scans while on medication, but many of our patients are scanned on their medications and the scans are still very valuable. However, never discontinue any medication or nutritional supplement necessary for your physical health. These include, but are not limited to, blood pressure medications, blood thinners, diabetes or thyroid medications, and medications that treat heart or lung problems. If you decide to be scanned off all medications and supplements, YOU MUST do so under the guidance of your healthcare provider.

In general we recommend patients:

- Discontinue stimulants four days prior to the first scan appointment and stay off of them until the scan appointment(s) are completed.
- For other psychiatric medications, it depends on the particular half-life of each medication (meaning how long it stays in your system). **Always** check with your doctor before reducing or discontinuing your medication. Only reduce or stop medication under your doctor's supervision.
- If helpful, you can arrange a phone consultation with one of our doctors to help you and your personal physician with questions about discontinuing medication and supplements prior to your scans.

What should I do the day of the scan?

On the day of the scan, eliminate your caffeine intake and try not to take cold medication or aspirin (if you do please write it down on the intake form). Eat as you normally would.

Are there any side effects or risks to the study?

Since a SPECT scan is a nuclear medicine procedure, it requires the injection of a very small amount of a radioisotope through a small needle into a vein in the arm. The medicine we inject is not an iodine-based dye; therefore, people typically do not have allergic responses to it. The average radiation exposure for one SPECT scan is 0.7 rem. This exposure is similar to the amount from a nuclear bone scan or brain CT scan—both of which are routinely ordered for many common medical conditions (i.e. bone fractures or head trauma).

How is the SPECT procedure done?

When your scan begins, you will be placed in a quiet room and a small IV line will be inserted into your arm. For those who have sensitive skin or are afraid of needles, Emla (lidocaine) cream can be applied to numb the area of the arm where the injection is administered.

During the concentration scan, you will take a 15-20 minute computerized test that measures your attention and focus. For the baseline scan, you will be instructed to sit quietly and relax. During this period of time (whether you are taking the computer test or relaxing), the imaging solution is injected through the small IV and travels to your brain. Once the imaging solution has been given time to be absorbed, you will be taken to the scan machine. The machine has three cameras that will rotate around your head. The imaging process is typically 20-25 minutes and requires you to be completely still.

Are there alternatives to having a SPECT study?

In our opinion, SPECT is the most clinically useful study of brain function for the indications listed above. There are other studies, such as positron emission tomography (PET) and functional MRI (fMRI); however, they are considerably more costly and are performed mostly in research settings.

Does insurance cover the cost of SPECT studies?

Reimbursement by insurance companies varies according to your plan. It is often a good idea to check with the insurance company to see if it is a covered benefit.

Is the use of brain SPECT imaging accepted in the medical community?

Science has repeatedly recognized the value of brain SPECT imaging for assessing brain function. There is a robust amount of scientific data that support the utility of SPECT for revealing the blood flow patterns underlying many different types of brain problems. Dr. Daniel Amen has authored or co-authored more than 70 peer-reviewed published research studies on brain SPECT imaging. In addition, our website has a collection of more than 2700 abstracts on SPECT from researchers around the world.

SECTION VII:

AMEN CLINICS HANDOUTS

Section VII includes multiple therapeutic and educational handouts for your patients—the same ones used with our patients at Amen Clinics. A sample 504 plan and behavior modification progress note are also included.

AMEN CLINICS HEALTHY HABITS HANDOUTS

- ANT Therapy 7-1
- One Page Miracle 7-5
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AMEN CLINICS
ANT Therapy

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Correcting the Automatic Negative Thoughts That Steal Your Happiness and Rob Your Joy

One of the most effective techniques I give all my patients is what I call ANT Therapy, or learning how to kill the ANTs (automatic negative thoughts). I coined this term in the early '90s after a hard day at the office, during which I had several very difficult sessions that day with patients in crisis. When I got home that evening I found an ant infestation in my kitchen. It was gross. As I started to clean them up, the acronym came to me. I thought of my patients from that day—like my infested kitchen, my patients' brains were also infested by the negative thoughts that were robbing them of their joy and stealing their happiness.

The next day, I brought a can of ant spray to work as a visual aid and have been working diligently ever since to help my patients eradicate their ANTs.

Here are the "ANT Killing" principles we use at Amen Clinics to help people feel better fast:

1. Every time you have a thought, your brain releases chemicals. That's how our brains work: you have a thought…your brain releases chemicals…an electrical transmission goes across your brain and you become aware of what you're thinking. Thoughts are real and they have a direct impact on how you feel and how you behave.

2. Every time you have a mad thought, an unkind thought, a sad thought, or a cranky thought, your brain releases negative chemicals that make your feel bad. Think about the last time you were mad. How did you feel physically? When most people are mad, their muscles get tense, their heart beats faster, their hands start to sweat, and they may even begin to feel a little dizzy. Your body reacts to every negative thought you have.

3. Every time you have a good thought, a happy thought, a hopeful thought, or a kind thought your brain releases chemicals that make your body feel good. Think about the last time you had a really happy thought. What did you feel inside your body? When most people are happy their muscles relax and their heartbeat and breathing slow down. Your body also reacts to your good thoughts.

4. Thoughts are very powerful! They can make your mind and body feel good or they can make you feel bad. Every cell in your body is affected by every thought you have. That is why when people get emotionally upset they often develop physical symptoms, such as headaches or stomachaches.

5. Thoughts lie; they lie a lot, but it is your unquestioned or uninvestigated thoughts that make you sad, mad, nervous, or out of control. Unfortunately, if you never challenge your thoughts, you always "believe them." The negative thoughts invade your mind like ants at a picnic. One negative thought, like one ant at a picnic, is not a big deal. Two or three negative thoughts, like two or three ants at a picnic, become more irritating. And ten or twenty negative thoughts can cause real problems.

6. You can train your thoughts to be positive and hopeful or you can just allow them to be negative and upset you. Once you learn about your thoughts, you can choose to think good thoughts and feel good, or you can choose to think bad thoughts and feel lousy. That's right, it's up to you. Research has shown that positive emotions—especially a sense of awe—can reduce inflammation (which hurts your health). You can learn how to change your thoughts and change the way you feel.

Nine Different Types of ANTs (or ways we distort reality to make it worse than it really is)

1. All or nothing thinking: thoughts that things are all good or all bad.

2. "Always" thinking: thinking in words like always, never, no one, everyone, every time, everything.

3. Focusing on the negative: only seeing the bad in a situation.

4. Fortune telling: predicting the worst possible outcome to a situation with little or no evidence for it.

5. Mind reading: believing you know what another person is thinking even though they haven't told you.

6. Thinking with your feelings: believing negative feelings without ever questioning them.

7. Guilt beatings: thinking in words like "should, must, ought, or have to."

8. Labeling: attaching a negative label to yourself or someone else.

9. Blame: blaming someone else for the problems you have. **(RED ANT)**

ANT Killing Exercise:

Whenever you feel sad, mad, nervous, or out of control, write down your automatic negative thoughts, label them, then "kill" them by talking back to them.

Here are some ANT Killing examples:

ANT	**Species of ANT**	**Kill the ANT**
My wife never listens to me.	Always Thinking	That's just not true. She often listens to me. Today she is just distracted.
My boss doesn't like me.	Mind Reading	I don't know that for sure. Maybe she's just having a bad day. I need to talk to her.
I'm a failure.	Labeling	Sometimes I fail, but many times I succeed
It's my husband's fault.	Blame	I will look at my part of the problem and look for ways to make it better.

Your thoughts matter. Learn to kill the ANTs and train your thoughts to be positive—it will benefit your mind, mood, and body.

Make copies of the worksheet on the following page and use it to help you get control of your automatic negative thoughts.

AMEN CLINICS
Kill the ANTs Worksheet:

When you notice an ANT:

1. Write it down.
2. Identify the type of ANT it is.
3. Kill the ANT by talking back to it – challenge the thought!

What's your ANT?

_____

_____

What type of ANT is it?

_____

Kill the ANT by talking back to it:

_____

_____

_____

What's your ANT?

_____

_____

What type of ANT is it?

_____

Kill the ANT by talking back to it:

_____

_____

_____

AMEN CLINICS
One Page Miracle

Tell your brain what you want and your brain will help you match your behavior to get it! Next to each subheading below, briefly write out what's important to you in that area; write **what you want**, not what you don't want. *Be positive* and use the first person. Write what you want with confidence and the expectation that you will make it happen. After you complete this exercise put it up where you can see and read it every day.

RELATIONSHIPS

Spouse/Partner: _____

Children: _____

Family: _____

Friends: _____

WORK/SCHOOL _____

_____

FINANCES

Short-term Goals: _____

Long-term Goals: _____

SELF

Physical Health: _____

Emotional Health: _____

Spiritual Health: _____

AMEN CLINICS
Relaxation Techniques

Stress is both good and bad for you. A little bit of stress is actually good because it can motivate you and lead to an *appropriate* amount of worry to help you meet your goals. However, too much stress can:

- decrease your brain function
- create hormone imbalances
- make you gain weight
- leave you more vulnerable to illness

Too much stress can kill you!

By using the relaxation resources below, you will gain better control over the stress and anxiety that is ruining your health and happiness. Reducing stress is vital to good brain health!

Deep diaphragmatic breathing is a very effective, yet simple method for overcoming stress; one that can be done anywhere, anytime! When you take shallow breaths, it reduces the amount of oxygen that reaches your brain cells and reduces your overall brain function. Taking deep breaths relaxes your muscles, relieves tension, and helps your brain function better.

To practice breathing from your diaphragm, try this:

1. Lie on your back and place a small book on your belly.
2. As you slowly inhale through your nose, make the book go up. Hold your breath at the top of your inhalation for 2 seconds.
3. When you exhale, make the book go down and then hold your breath for 2 seconds before inhaling again.
4. Repeat 10 times and notice how relaxed you feel.

Hand warming is a very helpful technique used to create generalized relaxation throughout your brain and body. Whenever you are stressed or anxious, your hands get cold because your brain diverts the blood from your hands and feet to the large muscles in your body so that you can be ready to fight or run. Learning to warm your hands with your brain helps to counteract this automatic stress response (It comes from the more primitive part of your brain).

Here's how to warm your hands using your brain:

1. Begin by closing your eyes and taking a few deep, calming breaths through your nose.
2. Direct your attention to your hands with warm mental images, such as holding a warm cup of tea, holding someone's hand, or putting your hands in warm sand.
3. Continue deep breathing while imagining your hands being warmed for at least 5 minutes.
4. Open your eyes feeling refreshed and relaxed.

AMEN CLINICS
Positive Affirmations

Self-talk is something most of us do all the time but we are not really conscious of it. Often, self-talk is related to negative thoughts that cause you stress. In order to reduce stress, it is important to turn your thinking around by creating alternative positive statements or affirmations.

Reprogramming your thinking

Negative thinking patterns can crush your efforts to change your life. Positive affirmations about you and your life will help you develop better and more productive perceptions of yourself.

How to use positive affirmations:

1. Create a set of positive affirmations that are personal and meaningful to you.
2. Say a positive affirmation to yourself out loud.
3. Then quietly repeat it to yourself.
4. Do this exercise once a day or anytime you need to break negative thought patterns.

How to create your own positive affirmations:

- Always keep your statement in the first person. Use "I" or "my" in the statement.
- Use present tense. Write "**I am**" rather than "I will be."
- Be specific and create positive statements. For example, say "I feel strong and healthy" instead of "I am not going to be sick."
- Avoid using the word "try." If something feels untrue or seems impossible, write things like "I'm *learning to*" and "I'm *getting better at.*"

We rarely focus on the things that we really like about ourselves; instead, we choose to dwell on the things we'd like to change. Therefore, it is important to write positive affirmations about the positive attributes you *already* have along with counteracting the negative, harmful self-talk.

For the best results with positive affirmations, you will need to create a set that are personal to you and repeat them often—the more you affirm something, the more firmly your mind will accept it! Here are some examples to help guide you in creating your own:

- I am a confident and positive person.
- I am strong and powerful.
- I love myself just the way I am.
- I am in charge of my life.
- I choose happiness.
- I choose healthy relationships.
- I am respectful to the ones I love.
- I make healthy choices for myself.
- I have a lot of energy.
- I am calm and relaxed.
- My thoughts are under my control.
- I am loveable.

AMEN CLINICS
Natural Mood & Energy Boosters

Gratitude

Did you know practicing gratitude causes real changes in your brain that enhance brain function and make you feel better? If you want your brain to work better, practice being grateful for the good things in your life. Writing down your grateful thoughts makes the practice that much more powerful.

- Every day, list 3 things you are grateful for.

Meditation

Meditation is the practice of focusing your attention to help you feel calm and give you a clear awareness about your life. There are many types of meditation as well as relaxation techniques with meditation components. All share the same goal of achieving inner peace. Studies have shown that practicing meditation, even for just a few weeks, can bring a variety of physical, psychological, and social benefits including, but not limited to:

- reducing stress, soothing anxiety, and fostering relaxation
- improving emotional stability and giving you a bigger brain
- reducing depression and decreasing headaches and pain
- increasing your focus and memory

Yoga

Many people think that yoga is just stretching. While stretching is certainly involved, yoga is really about creating balance in the body through developing strength and flexibility. This is done by practicing yoga poses or postures, each of which has specific physical benefits.

Not only does yoga decrease stress and improve flexibility, recent research found that 20 minutes of **yoga stimulates brain function more than walking or jogging** on the treadmill for the same amount of time. Other studies have found that practicing yoga had the same effect on reducing the risk factors of heart disease as did other forms of exercise, like brisk walking or cycling.

Tai Chi

Tai chi (pronounced "tie chee") is a mind-body practice that began in China as a martial art. A person doing tai chi moves his or her body slowly and gently, while breathing deeply and meditating (tai chi is sometimes called "moving meditation"). The benefits of tai chi can include decreased stress and anxiety, increased energy, stamina and flexibility, strengthened muscles and tendons, improved sleep, and an enhanced immune system.

AMEN CLINICS
Physical Exercise

Did you know that physical exercise is perhaps **the single most important thing you can do to keep your brain healthy** over time? Physical exercise not only boosts blood flow and other positive nutrients to the brain – it actually stimulates the brain's ability to generate new brain cells.

The health benefits from physical exercise are truly amazing. Research has shown that the benefits of mild to moderate exercise include:

- protecting brain cells against toxins
- repairing damaged cellular DNA to help protect against cell death
- boosting cognitive ability in people of all ages
- reducing the risk of cognitive impairment, heart disease, and stroke
- improving cholesterol and fat metabolism
- reducing the risk of diabetes, osteoporosis, colon and breast cancer
- increasing the likelihood that you will choose healthier foods
- alleviating depression and anxiety
- easing ADD symptoms
- improving sleeping habits
- helping you manage stress more effectively
- improving muscle tone and endurance, which lowers the risk of fall accidents

So what are you waiting for? Just get started!

It is really important to find activities you enjoy - cycling, swimming, walking, hiking, aerobic classes, Cross-Fit, tennis, or dancing. Try something new!

If you have not been exercising regularly, begin slowly. Even if you commit to walking to the end of the block and back every day, it's a start. Then set a goal to increase the amount and intensity of the physical exercise every week until you are exercising four to five times per week for at least 30 minutes.

For those short on time, interval training is recommended by the American College of Cardiology to be *as effective as sustained aerobic exercise*. Twenty minutes of interval training 3 days per week is equivalent to thirty minutes of cardio 5 days per week.

Interval training is basically 90 seconds of warm-up followed by a series of "bursts" of exercise - 30 seconds of going as fast as you can and then 90 seconds of moderate pace. Repeat this 8 times with a 90-120 second cool down at the end. Interval training can be done with any form of exercise such as running, treadmill, elliptical, Stairmaster, swimming, cycling, and walking.

AMEN CLINICS
Brain Area Specific Physical Exercises

Prefrontal Cortex: Aerobic exercise helps boost blood flow and dopamine in the brain, which has been shown to help with impulsivity. Yoga can also help sharpen focus and strengthen the PFC.

Deep Limbic: Aerobic activities that are social, such as dancing or joining a local sports team are very effective as they calm hyperactivity in the DL system and enhance your mood, in addition to boosting blood flow and multiple neurotransmitters in the brain.

Basal Ganglia: Yoga and tai chi soothe overactivity in the basal ganglia and calm anxiety.

Temporal Lobes: Issues with the TL can be reduced through aerobic coordination activities that involve music.

Cerebellum: Dancing, table tennis, and coordination exercises are highly recommended.

Check with your doctor before beginning any exercise program.

Brain Area Specific Mental Exercises

Prefrontal Cortex: Crossword puzzles, word games, meditation, and hypnosis

Deep Limbic: Killing the ANTS (automatic negative thoughts) and gratitude practice

Basal Ganglia: Deep relaxation, hand-warming techniques, and diaphragmatic breathing

Temporal Lobes: Memory games, naming games, and singing

Parietal Lobes: Juggling and interior design

Cerebellum: Handwriting and calligraphy

AMEN CLINICS
Getting Better Sleep

Sleep deprivation is hazardous to your health! Skimping on sleep can affect your health in more ways than you might imagine. When you don't get enough sleep, you have overall decreased blood flow to your brain, which disrupts *thinking, memory, and concentration*.

Sleep deprivation has been associated with many health risks, including: Type 2 diabetes, depression and anxiety, ADD (worsening of symptoms), Alzheimer's or Parkinson's disease, stroke, psychosis, weight gain, and poor lifestyle choices.

Strategies for Improving your Sleep:

Remember that we are all unique individuals and what works for one person may not work for another. Keep trying new techniques until you find something that works.

Maintain a regular sleep schedule. Go to bed at the same time each night and wake up (regardless of how much sleep you got the night before) at the same time each day, including weekends.

Pay attention to your environment. Your bedroom should be comfortable. Control the temperature so your room isn't too hot or too cold. Also, keep your room as dark as possible while sleeping. Soothing nature sounds, soft music, wind chimes, white noise makers, or even a fan can induce a very peaceful mood and lull you to sleep.

Create a soothing nighttime routine. A warm bath, meditation, or massage can help you relax.

Technology-free bedroom. Take computers, video games, the TV, and cell phones out of your bedroom and turn them off an hour or two before bedtime to allow time to "unwind." Plus, they emit a type of light that stimulates the brain.

Avoid a full stomach. Don't eat for at least two to three hours before going to bed.

Regular exercise. This is *very* beneficial for insomnia. However, don't do it within four hours of the time you go to sleep as vigorous exercise late in the evening may energize you and keep you awake.

Watch out for stimulants. Don't drink any caffeinated beverages and avoid chocolate, nicotine, and alcohol in the late afternoon or evening. Although alcohol can initially make you feel sleepy, it actually interrupts sleep.

Move the clock so you can't see it. If you wake up in the middle of the night, refrain from looking at the clock. Checking the time can make you feel anxious and make it harder to go back to sleep.

Use the bed only for sleep or sexual activity. Sexual activity releases many natural hormones, releases muscle tension, and boosts a sense of well-being.

Don't toss and turn. If you are unable to fall asleep or return to sleep easily, get up and go to another room to do something relaxing until you feel more tired.

AMEN CLINICS
Reducing The Risk Of Traumatic Brain Injury (TBI)

It is estimated that there are about 1.7 million emergency room visits for TBI in the U.S. each year, in addition to hundreds of thousands of unreported incidents of head trauma, including undiagnosed concussions.

Often, brain injuries that don't result in a loss of consciousness go unnoticed and are never treated. Research shows that undiagnosed brain injuries are a major cause of depression, panic attacks, drug and alcohol abuse, homelessness, ADD/ADHD, and suicide.

To Help Keep Your Brain Safe and Reduce the Risk of TBI:

- ✓ **Wear a seat belt** every time you drive or ride in a motor vehicle.

- ✓ **Always buckle your child into a child safety seat**, booster seat, or seat belt (according to the child's height, weight, and age) in the car.

- ✓ **Never drive under the influence of alcohol or drugs**, including prescription medications that can impair the ability to drive.

- ✓ **Avoid high risk sports** and activities where you can hit your head and **don't do "headers" in soccer!**

- ✓ **Always wear a helmet** and make sure your children wear helmets when:

    - Riding a bike, motorcycle, snowmobile, or all-terrain vehicle
    - Playing a contact sport, such as football, ice hockey, or boxing
    - Using in-line skates or riding a skateboard
    - Batting and running bases in baseball or softball
    - Riding a horse
    - Skiing or snowboarding

- ✓ **Do not dive in water that is less than 12 feet deep** or in above-ground pools. Always check the depth and check for debris in the water before diving.

- ✓ **Avoid falls in the home by**:

    - Using a step stool with a grab bar to reach objects on high shelves
    - Installing handrails on stairways and grab bars next to the toilet and in the tub or shower
    - Installing window guards to keep young children from falling out of open windows
    - Using safety gates at the top and bottom of stairs when young children are around
    - Removing or securing tripping hazards such as small area rugs and loose electrical cords
    - Using non-slip mats in the bathtub and on shower floors

AMEN CLINICS
What To Do If You Injure Your Brain

Did you know you don't have to hit your head to injure your brain?

Your brain is not a hard, fixed substance; it is soft and jello-like in consistency, composed of millions of fine nerve fibers, and "floats" in fluid within a hard, bony skull containing multiple sharp ridges, making it easily injured.

A brain injury can result from a car crash, a sports injury, from a seemingly innocuous fall, or even from a sudden, jarring movement of the head (like whiplash).

If a Brain Injury Occurs:

If you or someone you are with experiences an impact or violent shake to the head, seek medical advice.

Symptoms of a Brain Injury:

Brain injury symptoms often include:

- Physical complaints - dizziness, fatigue, headaches, visual disturbances, trouble sleeping, nausea, sensitivity to light and sound, and poor balance
- Cognitive changes - poor concentration, memory problems, poor judgment, impulsivity, slowed performance, and difficulty putting thoughts into words
- Psychological concerns - depression, outbursts of anger, irritability, personality changes, and anxiety

Symptoms may develop immediately or after several days or weeks, and they can last for hours, days, weeks, months or longer. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse.

Ways to Help Yourself Recover From a Brain Injury

There are a number of self-care steps you can take to help your brain heal.

First and foremost, you should **protect yourself from injuring your brain again**. People who have had repeated injuries to their brain may experience serious long-term problems and, in rare cases, it can cause brain swelling and even death.

Other things that you can do to take care of your brain after an injury include:

- Get plenty of sleep at night, and rest during the day

- Write down the things that may be harder than usual for you to remember
- Avoid alcohol, drugs, and caffeine
- Eat brain-healthy foods
- Stay hydrated by drinking plenty of water
- Ask your doctor when it's okay for you to drive a car, ride a bike, or operate machinery
- Avoid activities that are physically demanding (e.g., sports, housework, exercising)
- Avoid activities that require a lot of thinking or concentration (e.g., working on the computer, playing video games, balancing a checkbook)
- Increase your activity slowly
- Be patient because healing takes time

RESOURCES

To learn more about healing from brain injuries, you can visit:

- Centers for Disease Control and Prevention - www.cdc.gov/TraumaticBrainInjury
- Brain Injury Association of America - www.biausa.org

AMEN CLINICS
Information About Sleep Apnea

Sleep apnea is a serious sleep disorder characterized by chronic tiredness during the day, snoring, and periods of apnea (temporary cessation of breathing) which can last from seconds to minutes.

Sleep apnea is very common. According to the National Sleep Foundation, it affects more than 18 million Americans. Risk factors include being male, overweight, having a family history of sleep apnea, and being over the age of 40. However, sleep apnea can strike anyone at any age—even children.

Symptoms of Sleep Apnea

The primary symptom is **excessive daytime sleepiness**. Those with untreated sleep apnea also typically have low energy and problems with concentration. Other indications that someone may have sleep apnea include:

- Snoring
- Frequent awakening or awakening out of breath during the night
- Waking in the morning with a dry mouth or a headache
- Bed partner hears pauses in your breathing during the night
- Obesity is often a risk factor for sleep apnea

However, not everyone with sleep apnea has all of these symptoms. A screening test called Pulse Oximetry, which measures your blood-oxygen level while sleeping, is often done first. If sleep apnea is indicated, then an overnight sleep study will be done to determine the presence and severity of the condition.

The chronic lack of oxygen from the apnea periods is associated with **brain damage** and **early aging**. In fact, sleep apnea doubles a person's risk for Alzheimer's disease! Left untreated, sleep apnea can also have other serious and life-shortening consequences including:

- high blood pressure, heart disease, diabetes, and stroke
- headaches and seizure disorders
- memory and cognitive problems
- depression or worsening of ADD symptoms

Due to the potentially dire health consequences caused by untreated sleep apnea, it is imperative that you be evaluated if there is any chance you may have it. Treating sleep apnea often makes a positive difference in mood, energy, concentration, and overall health.

To learn more about Sleep Apnea and locate a practitioner in your area, you can visit:

- American Sleep Apnea Association – www.sleepapnea.com
- National Sleep Foundation – www.sleepfoundation.org

AMEN CLINICS
Information About Lyme Disease

Lyme disease is a bacterial infection caused by the bite of an infected blacklegged tick, also known as a deer tick. This disease is called the "great imitator" and has been vastly under-diagnosed in the U.S. due to inadequate testing methods and a general lack of acknowledgement by the medical community.

A nasty relative of the STD syphilis, Lyme disease and its numerous co-infections can mimic or cause a multitude of medical, neurological, and psychiatric conditions, yet is much harder to cure.

Symptoms of Lyme Disease

Along with physiological symptoms like unexplained fevers, swollen glands, sore throat, headache, and joint pain or swelling, Lyme disease can cause the following common neuropsychological issues:

- Impaired attention, focus, concentration, judgment, and impulse control
- Impaired memory and speech functions
- Disorganization and getting lost
- Poor problem-solving and decision-making abilities
- Slower mental processing speed
- Symptoms similar to dementia and Alzheimer's disease
- Psychosis and hallucinations

70% of those afflicted with Lyme disease report changes in their thinking, such as memory loss and reduced mental sharpness.

The fortunate ones are able to catch Lyme disease within the first few weeks, when the appropriate antibiotics have a much better chance of working. Unfortunately, Lyme disease is often missed and the infection is allowed to take hold, disrupting the immune system and causing a cascade of inflammatory responses.

A tick bite is the best way to know whether you are at risk – however, one study showed that only 17% of those surveyed even recalled being bitten!

To learn more about Lyme disease and locate a practitioner in your area, you can visit:

- International Lyme and Associated Diseases Society – www.ilads.org
- American Lyme Disease Foundation – www.aldf.com
- Lyme Disease Association, Inc. – www.lymediseaseassociation.org

AMEN CLINICS
Information About Irlen Syndrome

Irlen Syndrome (sometimes called scotopic sensitivity syndrome) is a visual ***processing*** problem, not a vision problem, which appears to be caused by a defect in one of the visual pathways that carries messages from the eye to the brain.

The eyes transmit 70% of the information a person receives and this must be interpreted correctly by the brain. Any problem in the way the brain processes visual information can cause difficulties in a general ability to function.

Some research estimates that Irlen Syndrome affects approximately 18% of the general public and as much as 65% of those diagnosed with dyslexia!

Possible Symptoms

- **Light Sensitivity** - Bothered by glare, fluorescent lights, bright lights, sunlight, or driving at night
- **Reading Problems** - Print that shifts, shakes, blurs, moves, doubles, disappears, or becomes difficult to perceive
- **Attention Challenges** - Problems concentrating, difficulty staying on task, takes breaks, looks away, becomes restless, fidgety, or tired
- **Strain or Fatigue** - Feeling strain, tension, fatigue or sleepy, or get headaches while reading and engaged in other perceptual activities
- **Poor Depth Perception** - Inability to accurately judge distance or spatial relationships, difficulty with such things as escalators, stairs, ball sports, or driving
- **Physical** - headaches (including migraine), nausea, motion sickness, confusion, or lack of clarity in thinking

Irlen Syndrome can affect listening, energy level, motivation, and work production. People with Irlen Syndrome are often viewed as underachievers or as having behavioral, attitudinal, or motivational problems.

Irlen Syndrome is not detected by standard educational, visual, or medical tests. A certified Irlen diagnostician can test for Irlen Syndrome, as well as assess for the appropriate treatments.

Treatment involves the use of tinted lenses in glasses or contacts and colored overlay sheets in order to reduce or eliminate the perceptual processing errors.

Although the treatment is simple, the results are often very dramatic.

To learn more about Irlen Syndrome and locate a practitioner in your area, you can visit: www.irlen.com

504 Accommodations Recommendations

Student Name: _____ Date of Birth: _____ Grade: _____

1. Diagnosis: _____
2. Describe the basis for the determination of disability: _____
   _____
3. Describe how the disability affects a major life activity: _____
   _____
4. Name of Physician: _____ Phone: _____
5. The physician has examined and reviewed the files of the above student and concludes that he/she meets the classification as a qualified disabled individual under Section 504 of the Rehabilitation Act of 1973. In accordance with those guidelines, the physician recommends the school make reasonable accommodations and addresses the individual student's needs by:

PHYSICAL ROOM ARRANGEMENTS:

___ Seating student near teacher
___ Seating student near a positive role model
___ Seating student away from others but can see the board
___ Increasing the distance between the desks
___ Standing near the student when giving directions or presenting lessons
___ Avoiding distracting stimuli (air conditioner, high traffic area)
___ Additional accommodations:
_____
_____

LESSON PRESENTATION:

___ Pairing students to check work
___ Including a variety of activities during each lesson
___ Having student orally review key points
___ Teaching through multi-sensory modes
___ Writing key points on the board
___ Providing peer tutoring
___ Breaking longer presentations into shorter segments
___ Using computer assisted instruction
___ Providing visual aids
___ Providing note taker
___ Providing written outlines
___ Making sure directions are understood
___ Allowing students to record lessons
___ Additional accommodations:
_____
_____

ASSIGNMENTS/WORKSHEETS:

___ Giving extra time to complete tasks
___ Allowing students to audio record assignments/homework
___ Shortening assignments or breaking work into smaller segments
___ Handing out worksheets one at a time
___ Providing a structured routine in written form
___ Simplifying complex directions
___ Allowing computer printed assignments
___ Redoing the reading level of the assignments/instructions
___ Providing study skills training/remediation strategies
___ Requiring fewer correct responses to achieve grade
___ Giving frequent short quizzes and avoiding long tests
___ Additional accommodations:
_____
_____

TEST TAKING:

___ Allowing open book exams
___ Allowing extra time for exams, reading test item to student
___ Allowing student to audio record test answers
___ Giving exam orally/giving take home tests
___ Giving frequent short quizzes, not long exams
___ Using more objective items (fewer essay responses)
___ Additional accommodations:
_____
_____

BEHAVIORS:

___ Praising specific behaviors using monitoring strategies
___ Cueing students to stay on task (nonverbal signals)
___ Ignoring inappropriate behaviors not drastically outside classroom limits
___ Marking student's correct answers more than their mistakes
___ Allowing legitimate movement
___ Giving extra privileges and rewards
___ Keeping classroom rules simple and clear
___ Contracting with student
___ Making "prudent use" of negative consequences
___ Implementing a classroom behavior management system
___ Increasing the immediacy of rewards
___ Implementing time-out procedures
___ Allowing for "short" breaks between assignments
___ Allowing student time out of seat to run errands
___ Additional accommodations:
_____
_____

ORGANIZATION:

___ Providing peer assistance with organizational skills
___ Sending daily/weekly progress reports home
___ Providing student with homework assignment notebook/calendar
___ Assigning volunteer homework buddy
___ Developing a reward system for in-school work and homework completion
___ Allowing student to have extra set of books at home
___ Additional accommodations:
_____
_____

SPECIAL CONSIDERATIONS:

___ Suggesting parenting program(s)
___ Accommodations for bus riding
___ Providing note takers
___ Monitoring student closely on field trips
___ Suggesting agency involvement
___ Provide laptop computer
___ Inservicing teacher(s) on student's disability
___ Providing group/individual counseling, one-on-one tutorial, reducing class size, providing classroom aide(s)
___ Modify/monitor non-academic times (lunchroom, movement between classes)
___ Tailoring homework assignments
___ Providing social skills group experiences
___ Developing intervention strategies for transitional periods (i.e. cafeteria, physical education)
___ Modify the curriculum:
_____
_____

DISCIPLINE:

___ This student's section 504 disability would NOT cause him/her to violate school rules.
___ This student's section 504 disability COULD cause him/her to violate school rules.

Recommended by:

_____ _____
SIGNATURE OF RECOMMENDING PROFESSIONAL DATE

Daily Progress Note

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Supervision is key to helping students with ADD or other students who are having difficulty transitioning to the rigors of school. They often have not developed the internal discipline for day-to-day success at school and with their homework. I use this system for both children and teenagers. Even though teenagers may balk at this system, many teens in my practice have used it very successfully. I'm convinced that many students have graduated from high school because we kept them on track with this system! ADD students tend to do much better if they know someone is watching.

Directions for Effectively Using the DPN:

Every school day the child or teen is to bring the Daily Progress Note (DPN) to school for the teacher(s) to fill out (at the end of the day if there is only one teacher, at the end of each class for those who have multiple teachers).

The teacher (or teachers) rates the student on a scale of 1 - 5 (1 = best, 5 = worst) in four different areas: homework, class participation, class work, and peer interactions. After rating the child in each area, the teacher is then to put his or her initials at the bottom of the form. It is important to emphasize to the teacher to give an accurate assessment. Some teachers give out "good" marks just to be nice and then put the real grades down on the report card, shocking the student and parents.

At the end of the day, the child or teen brings the DPN home. This note provides the student, parents, and teacher immediate feedback on performance and helps everyone track progress throughout the year. Good performance is noticed and reinforced. Mediocre or poor performance is observed and necessary corrective measures can be put into place. When the child or teen brings the DPN home, it is helpful if parents first look for something they like (too many parents only notice the negative). If the child or teen's marks are particularly poor, the parent needs to question the reasons behind the difficulties of the day.

After the discussion, the parent then assigns points for the day. Here is a sample point system:

1 = 5 points
2 = 2 points
3 = 1 point
4/5 = 0 points

In the system listed above (for students with one teacher a day), there is a total of 20 possible points that the child can earn (a score of 1 [5 points] multiplied by 4 areas = 20 points).

The points are then spent in two different ways: One for daily wants and needs and the other for future privileges. Earning points for daily wants and needs is significant, as these reinforce and discipline behavior on a more immediate basis. To do this, the parent and child make up a list of the things he or she likes to do on a daily basis, such as watching television, playing outside, having a friend over, playing a video game, talking on the phone, etc. Half of the possible points (10 in the example above) should be spent on daily privileges. This lets the child know that he or she can't just blow a day at school and expect everything to be okay at home.

For example:

Points Needed for Daily Wants

2 = 1/2 hour of television
2 = 1 hour of playing outside
3 = having a friend over for an hour
2 = playing a video game
3 = 1/2 hour of phone privilege

The other half of their points can be saved for special treats and privileges as they earn enough points (such as a special toy, a trip to their favorite restaurant, having a friend spend the night, or being able to stay up past their bedtime). It is important to make up a "wish" list of the things the child or teen is willing to work for. The child or teen needs to develop this list in order to more fully buy into this program.

In some cases, children will intentionally lose their DPN or forget to have their teacher sign it if their performance that day was poor. In the case where the child claims to have lost the DPN or they say that the teacher didn't fill it out, they lose all of their points for the day (or portion of points if multiple teachers are involved). The child or teen must take responsibility! On a day where the child earns little or no points for various privileges, the child is to be encouraged to do better the next day and he or she is simply allowed to read books or play in his or her room.

Almost all children find this system to be very rewarding after they have used it for several days. Some children refuse to participate initially, but if the parent persists, the child will almost always give in. One of the advantages of this system is that some children become "miserly" with their points and will often give up watching television and playing video games to save points for other things they are interested in. In addition, many begin to develop a more positive attitude toward school because of their ability to earn extra privileges for performing well in school.

Some parents have asked me if the DPN does not single out the child for teasing from peers. I have rarely found this to be the case. In fact, this helps the child to modify their behavior in school, which in turns helps their interactions with peers.

The DPN is on the following page for you to make copies. To ensure success, make plenty of copies in advance so you won't run out and break the continuity this supervision method.

DAILY PROGRESS NOTE

Name: _____ Date: _____

Please rate this child/teen in each of the areas listed below as to how he/she performed in school today, using a scale of 1 – 5:

Excellent	Good	Fair	Poor	Terrible/Did not do work
1	2	3	4	5

Class Periods/Subjects

	1	2	3	4	5	6	7
Homework	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Class Participation	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Class Work	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Peer Interactions	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Teacher's Initials	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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Class Work	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Peer Interactions	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Teacher's Initials	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Job Accommodations for ADD

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Reasonable accommodations are required for workers who qualify under the ADA statutes. Accommodations are of three general types:

1. Those required to ensure equal opportunity in the job application process;
2. Those which enable the individual with a disability to perform the essential features of a job;
3. Those which enable individuals with disabilities to enjoy the same benefits and privileges as those available to individuals without disabilities.

Reasonable accommodations for individuals with ADD and learning disorders (LD) often include the following:

- providing or modifying equipment or devices
- job restructuring
- part-time or modified work schedules
- reassignment to a vacant position
- adjusting/modifying examinations, training materials, or policies
- providing readers or interpreters
- making the workplace accessible to and usable by people with disabilities

Despite the fears of employers, the accommodations actually required for individuals with ADD or LD are generally not expensive or extensive. The President's Committee on Employment for People with Disabilities has concluded that:

- 31% of accommodations cost nothing
- 50% cost less than $50
- 69% cost less than $500
- 88% cost less than $1,000

Certainly, in many cases, job retraining costs much more than the accommodations necessary to keep a valued employee.

SPECIFIC SAMPLE WORK ACCOMMODATIONS FOR PEOPLE WITH ADD OR LD

– Employees with ADD need structure. ADD adults are often successful in the military because there is a high level of structure provided.

- Pressure often disorganizes the ADD employee. Give them enough time to do their job, without undue pressure.

- Use praise more than threats. Threats and anger trigger negative memories from the past for most ADD people. An employer is likely to get much more productivity from the ADD employee by using praise and encouragement.

- Help with organization. ADD employees often have serious problems with organization. Teaching them effective ways to organize their work area and time may help them significantly

- Give simple instructions and have the employee repeat them back. People with ADD may only process 30% of what is said. It is critical to check with them to ensure they understand what is expected of them.

- Modify hiring tests and on-the-job performance tests. People with ADD often need more time to complete tests to show what they really know. Employers could lose a valuable asset by excluding someone based on timed tests. In a similar way, on-the-job performance tests need to be modified so that the ADD person is not at a disadvantage

- Supplement verbal instructions with visual instructions.

- Adjust work schedules when possible. Many people with ADD have trouble getting up early in the morning and do better with work schedules which begin later in the day. Also, provide a grace period for tardiness and have the employee, when late, be able to make up time at the end of the day (as long as this won't interfere with the behavior or morale of other employees).

Other suggestions from the Job Accommodations Network include:

Computer related:
- Word processing programs with spell and grammar check
- Software organizers, such as those by Borland, Micro Logic and Micro Systems
- Software flow charts
- Computer screen reading systems/reading machines

Clerical:
- Color coding
- Color templates
- Automate paperwork by creating electronic files
- Use voice recorders in phones

- Audio prompts/cue cards

Memory aids:
- Personal assistant devices
- Timers, counters

Time management skills:
- Goal setting
- Staying on one task until it is finished

Managing the physical environment:
- Have employee's setting away from visual distractions
- Use space enclosures/cubicles
- White noise machines

For more information, visit the Job Accommodation Network www.askjan.org or call (800) 526-7234 or (800) ADA-WORK. Persons calling from Canada may call (800) 526-2262.

THE AMEN CLINICS METHOD TOOLBOX

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BRAIN SPECT IMAGING IN CLINICAL PRACTICE
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- Frequently Asked Questions about Brain SPECT Imaging

AMEN CLINICS HANDOUTS
- ANT Therapy, One Page Miracle, plus Healthy Habits

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