Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please CHECK all that apply:

|  |  |
| --- | --- |
| * Loss of memory
* Loss of words
* Memory lapses
* Impaired creativity
* Often confused
* Difficulty with math
* Difficulty recognizing objects and faces
* Sluggish thoughts
* Get lost often
* Forget words
* Brain fatigue

A | * Loss of pleasure in hobbies and interests
* Feeling of inner rage and anger
* Feelings of depression
* Difficulty finding joy for life pleasure
* Depression when it is cloudy or when there is lack of sunlight
* Loss of enthusiasm for favorite activities
* Not enjoying favorite foods
* Not enjoying friendships and relationships
* Unable to fall into deep restful sleep

S |
| G* Feelings of anxiousness or panic for no reason
* Feeling of dread
* Feelings of inner tension and inner excitability
* Restless mind
* Hard to turn you mind off when you want to relax
* Disorganized attention
* Worry about things you never had thought of before
* Sleeps with TV on
* Also late for appointments
 | D* Inability to self motivate
* Inability to start or finish tasks
* Feelings of worthlessness
* Feeling of hopelessness
* Lose temper for minor reasons
* Inability to handle stress
* Anger and aggression while under stress
* Desire to isolate oneself for others
* Unexplained lack of concern for family and friends
* Low libido
* Heavy menstrual cycle
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