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 |

