

# Patient Information sheet (Suprasegemental)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the following in each category that applies by ranking each one (1-4).

0=never / 1=rarely / 2=occasionally / 3=frequently / 4=very frequently

## DLC

- |                           |   |
|---------------------------|---|
| _____ Feelings of Sadness | _____ Decreased interests in Others             |
| _____ Moodiness           | _____ Feelings of hopelessness about the future |
| _____ Negativity          | _____ Feelings of helplessness or powerlessness |
| _____ Low Energy          | _____ Feeling dissatisfied or bored             |
| _____ Irritability        | _____ Excessive Guilt                           |
| _____ Suicidal Feelings   | _____ Crying Easily                             |
| _____ Low Self Esteem     | _____ Lowered Interest in things considered fun |
| _____ Sleep changes       | _____ Appetite changes                          |
| _____ Forgetfulness       | _____ Decreased interest in sex                 |
| _____ Poor concentration  | _____ Negative sensitivity to smells and odors  |

## BG

- |   |  |
|---|--|
| _____ Panic Attacks                           | _____ Feelings of nervousness or anxiety                 |
| _____ Poor handwriting                        | _____ Headaches / Sore muscles / Hand tremors            |
| _____ Shyness or timidity                     | _____ Heart pounding, rapid heart rate, chest pain       |
| _____ Tics                                    | _____ Troubled breathing or feelings of being smothered  |
| _____ Conflict Avoidance                      | _____ Feeling dizzy, faint or unsteady on the feet       |
| _____ Low motivation                          | _____ Avoidance of public places from fear of anxiety    |
| _____ Excessive motivation                    | _____ Periods of nausea and stomach upset                |
| _____ Quick startle reaction                  | _____ Tendency to predict the worst                      |
| _____ Persistent phobias                      | _____ Fear of being judged or scrutinized                |
| _____ Easily embarrassed                      | _____ Excessive worrying about what others think         |
| _____ Easily sweats                           | _____ Tendency to freeze in anxiety provoking situations |
| _____ Hot or cold flashes / hot or cold hands |  |

## PFC

- |                                    |   |
|------------------------------------|---|
| _____ Trouble listening            | _____ Trouble sustaining attention in routine situations            |
| _____ Distractibility              | _____ Inability to give close attention to detail or avoid mistakes |
| _____ Poor planning skills         | _____ Lack of clear goals or forward thinking                       |
| _____ Boredom                      | _____ Difficulty expressing feelings                                |
| _____ Lethargy                     | _____ Difficultly following through or finishing things             |
| _____ Lack of motivation           | _____ Difficultly expressing empathy for others                     |
| _____ Excessive daydreaming        | _____ Feelings of spaciness or being in a fog                       |
| _____ Conflict seeking             | _____ Trouble learning from experience, makes repetitive mistakes   |
| _____ Difficulty awaiting turn     | _____ Difficulty remaining seated when expected                     |
| _____ Restlessness                 | _____ Interruption of or intrusion on others                        |
| _____ Impulsivity                  | _____ Blurting out of answers before question is completed          |
| _____ Talking ot much or to little |   |

## CS

- |                            |  |
|----------------------------|--|
| _____ Senseless worrying   | _____ Upset when t hings do not go your way              |
| _____ Dislike of change    | _____ Upset when things get out of place                 |
| _____ Hold grudges         | _____ Being argumentative or oppositional                |
| _____ Compulsive behaviors | _____ Trouble shifting attention from subject to subject |

- \_\_\_\_\_ Repetitive negativity
- \_\_\_\_\_ Difficulty seeing options in situations
- \_\_\_\_\_ Trouble shifting behavior from task to task
- \_\_\_\_\_ Tendency to hold onto own opinions and not listen to others
- \_\_\_\_\_ Tendency to get locked into a course of action, whether or not it is good
- \_\_\_\_\_ Tendency to predict negative outcomes
- \_\_\_\_\_ Tendency to say no without first thinking about the question
- \_\_\_\_\_ Perception by others that you worry too much
- \_\_\_\_\_ Being upset unless things are done a certain way

**TL**

- \_\_\_\_\_ Mild paranoia
- \_\_\_\_\_ Short fuse or periods of extreme irritability
- \_\_\_\_\_ Memory problems
- \_\_\_\_\_ Periods of rage without provocation
- \_\_\_\_\_ Periods of forgetfulness
- \_\_\_\_\_ Dark thoughts or suicide, homicide
- \_\_\_\_\_ Spaciness or confusion
- \_\_\_\_\_ Preoccupation with moral or religious ideas
- \_\_\_\_\_ Periods of déjà vu
- \_\_\_\_\_ Reading comprehension problems
- \_\_\_\_\_ Periods of panic
- \_\_\_\_\_ Irritability that tends to build, then explode
- \_\_\_\_\_ Frequent misinterpretation of comments as negative when they are not
- \_\_\_\_\_ Auditory or visual hallucinations
- \_\_\_\_\_ Headaches or abdominal pain of an uncertain etiology
- \_\_\_\_\_ History of family violence or explosiveness
- \_\_\_\_\_ History of head injury or trauma

Please indicate which of the following you are interested in or good at or what you or not interested in or poor at with a **(y)** for yes or an **(n)** for no)

**RB**

- \_\_\_\_\_ Recognizing faces
- \_\_\_\_\_ Recognizing out of focus objects
- \_\_\_\_\_ Good memory for location
- \_\_\_\_\_ Recognition of emotional tone of voices
- \_\_\_\_\_ Good memory for direction
- \_\_\_\_\_ Good responses to new situations
- \_\_\_\_\_ Understand nonverbal communication
- \_\_\_\_\_ Understand the big picture of words / phrases
- \_\_\_\_\_ Good abstract thought
- \_\_\_\_\_ Recognition of rotated objects
- \_\_\_\_\_ Understand humor and metaphors
- \_\_\_\_\_ Appropriate social behavior and responses
- \_\_\_\_\_ Ability to fight off compulsion
- \_\_\_\_\_ Ability to focus
- \_\_\_\_\_ Ability to do math
- \_\_\_\_\_ Music skills
- \_\_\_\_\_ Good self image
- \_\_\_\_\_ Ability to rhyme
- \_\_\_\_\_ Ability to think clearly
- \_\_\_\_\_ Ability to tune out irrelevant stimuli
- \_\_\_\_\_ Ability to have good imagination
- \_\_\_\_\_ Ability to decode the emotions of others
- \_\_\_\_\_ Ability to read books
- \_\_\_\_\_ Ability to understand symbolism
- \_\_\_\_\_ Ability to predict what others will do
- \_\_\_\_\_ Ability to control repetitive thought
- \_\_\_\_\_ Ability to control hyperactivity
- \_\_\_\_\_ Ability to understand false perceptions
- \_\_\_\_\_ Ability to control what you say
- \_\_\_\_\_ Ability to have good motor control
- \_\_\_\_\_ Ability to sleep
- \_\_\_\_\_ Ability to have emotional tone in voice
- \_\_\_\_\_ Ability to have relationships
- \_\_\_\_\_ Ability to have smooth, fluid movement
- \_\_\_\_\_ Ability to deal with feelings
- \_\_\_\_\_ Ability to cry or be spontaneous
- \_\_\_\_\_ Ability to express fantasies
- \_\_\_\_\_ Ability to avoid alcohol and drugs
- \_\_\_\_\_ Ability to control anxiety and fear
- \_\_\_\_\_ Do you get motion sickness
- \_\_\_\_\_ Do you have autoimmune illness
- \_\_\_\_\_ Do you have an irregular heart rate

**LB**

- \_\_\_\_\_ Ability to comprehend reading
- \_\_\_\_\_ Ability to understand when spoken to

- |  |   |
|--|---|
| <input type="checkbox"/> Ability to remember facts and figures | <input type="checkbox"/> Ability to identify objects                |
| <input type="checkbox"/> Ability to speak clearly              | <input type="checkbox"/> High level of intelligence                 |
| <input type="checkbox"/> Ability to find words                 | <input type="checkbox"/> Ability to focus on smaller details        |
| <input type="checkbox"/> Ability to care for self (grooming)   | <input type="checkbox"/> Ability to enjoy music                     |
| <input type="checkbox"/> Ability to draw pictures              | <input type="checkbox"/> Ability to have a positive, happy attitude |
| <input type="checkbox"/> Do you have dyslexia                  | <input type="checkbox"/> Ability to control shyness                 |
| <input type="checkbox"/> Are you athletic                      | <input type="checkbox"/> Ability to follow directions               |
| <input type="checkbox"/> Do you have any cysts or tumors       | <input type="checkbox"/> Are you prone to chronic infections        |
| <input type="checkbox"/> Ability to understand math/science    | <input type="checkbox"/> Do you have good language skills           |
| <br>   |   |
| <input type="checkbox"/> Do you drink alcohol excessively      | <input type="checkbox"/> Do you drink coffee or other stimulants    |
| <input type="checkbox"/> Do you take illegal party drugs       | <input type="checkbox"/> Do you exercise regularly                  |
| <input type="checkbox"/> Do you have a good diet               | <input type="checkbox"/> Are you under significant stress right now |

Please sign the bottom of the page. Upon signature it is understood that you the patient have answered the aforementioned questions as accurate as possible understanding that the material contained is private and confidential.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreters Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Doctors use: