Medical Psychology Center
NEUROPSYCHOLOGY SYMPTOM WORKSHEET
Please review **FRONT and BACK** of this form

This is a worksheet that will be reviewed with your provider during your interview. Please note whether you are experiencing any of these symptoms. Provide examples if you can think of any. Family members please feel free to add your own comments or ask our receptionist for your own copy to fill out for your loved one.
. ****Name(s) of person(s) completing form:

Patient name and DOB:
Trouble remembering recent events
Loss of focus/Paying attention (reading, following TV shows)
Losing your train of thought
Losing or misplacing objects
Word finding/Naming objects
Slurring
Trouble/confusion using equipment (coffee pot, power tools, remote control, phone)
Change in sense of direction (driving or around the house)
Doing the Bills/Checkbook: □ Patient doesn't do this
Difficulty learning new information
Trouble following directions in writing (for example a recipe)
Problems understanding what you read
Change in ability to do Math-(calculating a tip, counting change, etc)
Problems managing medications
Dizziness
Muscle weakness
Problems walking
Fine Motor (buttoning buttons, picking up pills)
Change in writing/penmanship
Sensory changes/problems: Vision_____ Hearing_____Taste_____ Smell_____ Touch_____

Repeating questions	
Confusion/Episodes of Confusion	
Personality changes	
Please note the most concerning symptom(s) here:	
What was the earliest symptom noticed?	
When were symptoms first noticed? (earliest signs)	
Is there any known trigger for your symptoms? (TIA/Stroke, head injury, surgery, medication change, stressor)	
Was the onset of your problems sudden or gradual?	
Are your symptoms getting worse, staying the same, getting better?	
Do you drive? □Not at all □Rarely □Frequently Have you had any tickets, near misses or accidents?	
Activity disturbances (please check all that apply)	
□ Agitation	□ Wandering
□ Socially inappropriate behaviors	□ Purposeless hyperactivity
□ Appetite (too much or too little)	□ Verbal or physical aggressiveness
□ Eating disturbances	□ Resistiveness with care
□ Sleep problems	□ Apathy/doesn't seem to care
□ Repetitive behavior	□ Impulsiveness
□ Problems with hygiene	□ Problems with dressing/self care
Mood disturbances:	**Thought and perceptual disturbances:**
□ Anxiety	□ Having fixed false beliefs (delusions)
□ Dysphoria/Sad mood	□ Hearing or seeing non-present entities (hallucinations)
□ Euphoria/unusually happy mood	□ Paranoia/unreasonable fears
□ Irritability	□ Hiding objects in unusual places
□ Mood swings/easily angered or irritated	□ Confusion about self-identity or identity of loved ones