



Presenting Symptoms Survey – Adult - MiniQ

Client's Name: _____ Date of Birth: _____

MEDICAL INFORMATION

Medications

	Medication	Dosage	Condition
1.			
2.			
3.			
4.			

Supplements

	Supplements	Dosage	Condition
1.			
2.			
3.			
4.			

Other pertinent medical information

BACKGROUND INFORMATION

Background

- Traumatic Brain Injury
- High blood pressure
- Thyroid problem
- Trouble going or staying asleep
- Involved in auto accident ___ years ago
- Smoke ___ packs a day
- Drink caffeine ___ cups a day
- Exercise regularly ___ times per week
- Drink alcohol ___ drinks per week

Diagnosis

- ADD
- LD
- Anxiety
- Fibromyalgia
- Chronic fatigue
- Addictive disorder
- Allergies
- Autism
- Insomnia
- Bruxism
- Stroke
- Memory problems
- ADHD

- Depression
- OCD
- Headache
- Seizure Disorder
- PMS
- Panic Attack
- Migraines
- TMJ
- Tinnitus
- Parkinson's
- Diabetes

Other pertinent information like family history of same problems or other medical diagnosis received:

0=1 1=Mild 2=Moderate 3=Severe

1. Do you have trouble filtering background noises?
 0 1 2 3
2. Do you find it difficult to add numbers in your head?
 0 1 2 3
3. Do you forget what you had to eat the day before?
 0 1 2 3
4. Do you have difficulty remembering a phone number long enough to dial it?
 0 1 2 3
5. Do you have trouble remembering names?
 0 1 2 3
6. Do you find yourself wandering while in conversation?
 0 1 2 3
7. Do you have difficulty paying attention to a boring presentation?
 0 1 2 3
8. Do you have a short attention span?
 0 1 2 3
9. Do you rigidly stick to the same solution?
 0 1 2 3
10. Do you have difficulty with multi tasking?
 0 1 2 3
11. Do you get easily distracted?
 0 1 2 3
12. Do find yourself frequently saying things that shock others?
 0 1 2 3
13. Do you have trouble controlling your emotions?
 0 1 2 3
14. Do you often blurt out things you later regret saying?
 0 1 2 3
15. Do you have to re-read a paragraph several times before it sinks in?
 0 1 2 3
16. Do you have uncontrollable episodes of anger?
 0 1 2 3

0=1 1=Mild 2=Moderate 3=Severe

17. Do you get stuck on ideas, thoughts or behaviors?
 0 1 2 3
18. Do you have trouble finding your car in the parking lot?
 0 1 2 3
19. Do you get lost easily in buildings or malls?
 0 1 2 3
20. Do you feel aware of everything going on around you all of the time?
 0 1 2 3
21. Do you ruminate over your To Do List constantly?
 0 1 2 3
22. Do you worry constantly?
 0 1 2 3
23. Do you have panic attacks?
 0 1 2 3
24. Do you feel depressed?
 0 1 2 3
25. Do you feel disorganized all the time?
 0 1 2 3
26. Do you feel generally unmotivated or apathetic?
 0 1 2 3
27. Do you have insomnia?
 0 1 2 3
28. Do you reverse letters (dyslexia)?
 0 1 2 3
29. Do you have trouble doing math?
 0 1 2 3
30. Do you have sensitivity to light and noise?
 0 1 2 3
31. Do you have poor handwriting?
 0 1 2 3
32. Do you feel spacey or out of your body?
 0 1 2 3

0=1 1=Mild 2=Moderate 3=Severe

33. Do you have trouble reading people's faces correctly?
 0 1 2 3
34. Do you feel restless or agitated?
 0 1 2 3
35. Do you feel manic?
 0 1 2 3
36. Do you think obsessively?
 0 1 2 3
37. Do you feel like a victim?
 0 1 2 3
38. Do you have trouble shifting attention?
 0 1 2 3
39. Do you have difficulty organizing information?
 0 1 2 3
40. Do you have trouble recognizing people's faces correctly?
 0 1 2 3
41. Do you speak in a monotone voice?
 0 1 2 3
42. Do you have trouble remembering the sequence of past events?
 0 1 2 3
43. Do you have difficulty with categorization?
 0 1 2 3
44. Do you have difficulty focusing on an idea?
 0 1 2 3