

Name _____ DATE _____ NTQ

*Please circle the appropriate number "0-3" on all questions below. 0 as the least/never to 3 as the most/always.

SECTION A				
Do you feel your visual memory (shapes and images) is decreased?	0	1	2	3
Do you feel your verbal memory is decreased?	0	1	2	3
Do you have memory lapses?	0	1	2	3
Has your creativity been decreased?	0	1	2	3
Has your comprehension been diminished?	0	1	2	3
Do you have difficulty calculating numbers?	0	1	2	3
Do you have difficulty recognizing objects and faces?	0	1	2	3
Do you feel like your opinion about yourself has changed?	0	1	2	3
Are you experiencing excessive urination?	0	1	2	3
Are you experiencing slower mental response?	0	1	2	3
How often do you feel like you are not enjoying life?	0	1	2	3

SECTION S				
Are you losing your pleasure in hobbies, personal interests and activities?	0	1	2	3
How often do you feel "idea" overload?	0	1	2	3
How often do you have feelings of inner rage (anger)?	0	1	2	3
How often do you feel paranoid?	0	1	2	3
How often do you feel sad for no reason?	0	1	2	3
How often do you feel depressed in overcast weather?	0	1	2	3
How much are you losing your enthusiasm for your favorite foods?	0	1	2	3
How much are you losing your enjoyment of friends/relationships?	0	1	2	3
How often do you have difficulty falling into deep, restful sleep?	0	1	2	3
How often do you have feelings of unprovoked anger?	0	1	2	3
How much are you losing interest in life?	0	1	2	3

SECTION D				
How often do you have feelings of worthlessness or hopelessness?	0	1	2	3
How often do you have self-destructive thoughts?	0	1	2	3
How often do you have an inability to handle stress?	0	1	2	3
How often do you have anger and aggression while under stress?	0	1	2	3
How often do you feel you are not rested, even after long hours of sleep?	0	1	2	3
How often do you prefer to isolate yourself from others?	0	1	2	3
How often do you have unexplained lack of concern for family and friends?	0	1	2	3
How often do you have an inability to finish tasks?	0	1	2	3
How often do you feel the need to consume caffeine to stay alert?	0	1	2	3
How often do you feel your libido has been decreased?	0	1	2	3
How often do you lose your temper for minor reasons?	0	1	2	3

SECTION G				
How often do you feel anxious or panic for no reason?	0	1	2	3
How often do you have feelings of dread or impending doom?	0	1	2	3
How often do you feel knots in your stomach?	0	1	2	3
How often do you have feelings of being overwhelmed for no reason?	0	1	2	3
How often do you have feelings of guilt about everyday decisions?	0	1	2	3
How often does your mind feel restless?	0	1	2	3
How difficult is it to turn your mind off when you want to relax?	0	1	2	3
How often do you have disorganized attention?	0	1	2	3
How often do you worry about things you were not worried about before?	0	1	2	3
How often do you have feelings of inner tension and inner excitability?	0	1	2	3
How often do you feel anxious or panic for no reason?	0	1	2	3

Total A ____ D ____ S ____ G ____ DATE _____