Name:	

## Father's Amen Brain System Checklist

This form should be filled out by the *biological or adopted father on himself*, if possible. If it is not possible please have it filled out by someone who knows him well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the mother or other person who knows the biological father rate him as well. List who filled this out.

0		1	2	3	4	NA
Never		Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known
						* * * * * * * * * * * * * * * * * * *
Other	Father		200			
-	1.				s careless mistakes	
	2.			in routine situation	ons (i.e., homework	, chores, paperwork)
	3.	Trouble list				
-	4.	Fails to fini				
	5.				ackpack, room, desl	
-	6.			int to engage in ta	isks that require sus	tained mental effort
	7.	Loses thing				
	8.	Easily distr	acted			
	9.	Forgetful	1 '11			
		Poor planni				
			goals or forward t			
			xpressing feeling			
			xpressing empath	ly for others		
		Excessive d				
		Feeling bor	eu thetic or unmotiv	otad		
			d, sluggish or slo			
	18	Feeling the	cey or "in a fog"	w moving		
			stless or trouble si	tting etill		
					e remaining seated i	is expected
-					s in which it is inapp	
1			playing quietly	ivery in situations	s in which it is mapp	Topriate
·	23.		or acts as if "dri	ven by a motor"		
	24.			, on of a motor		
			nswers before qu	estions have beer	completed	
		Difficulty a			1	
				ers (e.g., butts into	o conversations or g	ames)
			saying or doing tl			
			or senseless worry			
	30.	Upset when	things do not go	your way		
	31.	Upset when	things are out of	place		
	32.	Tendency to	o be oppositional	or argumentative		
	33.	Tendency to	o have repetitive	negative thoughts	3	
	34.		oward compulsive	e behaviors		
	35.	Intense disl	ike for change			
	36.		o hold grudges			
	37.		fting attention fro		ect	
	38.		fting behavior fro			
	39.		seeing options in			
	40.		o hold on to own			
	41.		_		n, whether or not it i	2
	42	Needing to	have things done	a certain way or	vou become very ur	oset

Name:	***************************************	
		Others complain that you worry too much
		Tend to say no without first thinking about question
		Tendency to predict fear
		Frequent feelings of sadness
		Moodiness
		Negativity
		Low energy
		Irritability  Description of interest in others
		Decreased interest in others
		Decreased interest in things that are usually fun or pleasurable
		Feelings of hopelessness about the future
		Feelings of helplessness or powerlessness
		Feeling dissatisfied or bored Excessive guilt
		Suicidal feelings
		Crying spells
-		Lowered interest in things usually considered fun
*		Sleep changes (too much or too little)
		Appetite changes (too much or too little)
		Chronic low self-esteem
-		Negative sensitivity to smells/odors
		Frequent feelings of nervousness or anxiety
	65.	
	66.	
	67.	
	68.	Periods of trouble breathing or feeling smothered
	69.	Periods of feeling dizzy, faint or unsteady on your feet
	70.	Periods of nausea or abdominal upset
	71.	Periods of sweating, hot or cold flashes
	72.	
-	73.	
***************************************	74.	
	75.	
	76.	
	77.	î.
	78.	
0	79.	
	80.	
	81. 82.	Poor handwriting Quick startle
(	82.	
-	83.	
	85.	
	86.	
-	87.	
	88.	
	89.	· · · · · · · · · · · · · · · · · · ·
-	90.	- · · · · · · · · · · · · · · · · · · ·
	91.	
	92.	
	93.	
	94.	Periods of panic and/or fear for no specific reason
	95.	Visual or auditory changes, such as seeing shadows or hearing muffled sounds
	96.	Frequent periods of deja vu (feelings of being somewhere you have never been)

name:			
97. Sensitivity or mild paranoia			
98. Headaches or abdominal pain of uncertain origin			
99. History of a head injury or family history of violence or explosiveness			
100. Dark thoughts, may involve suicidal or homicidal thoughts			
101. Periods of forgetfulness or memory problems			