

THE AMEN SOLUTION MASTER QUESTIONNAIRE

Please rate yourself on each of the symptoms listed below using the following scale. If possible have your partner or someone who knows you well also fill it out on you.

0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable

Self Other

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Excessive worrying |
| _____ | _____ | 2. Rigid, wants things a certain way |
| _____ | _____ | 3. Get stuck on the same thought over and over |
| _____ | _____ | 4. Feel compulsively driven to do certain things |
| _____ | _____ | 5. Holds grudges |
| _____ | _____ | 6. Upset when things do not go a certain way |
| _____ | _____ | 7. Argumentative or oppositional |
| _____ | _____ | 8. Night time eater to calm worries |
| _____ | _____ | 9. Compulsive eating behavior, where you feel like you have to keep eating |
| _____ | _____ | 10. Tendency to say no without thinking |
| _____ | _____ | 11. Trouble sustaining focus or attention |
| _____ | _____ | 12. Becomes easily distracted or off task |
| _____ | _____ | 13. Difficulty delaying what you want |
| _____ | _____ | 14. Blurts out answers before others finish talking |
| _____ | _____ | 15. Restless, trouble sitting still |
| _____ | _____ | 16. Impulsively order food later wish hadn't |
| _____ | _____ | 17. Does not plan ahead for meals |
| _____ | _____ | 18. Disorganization |
| _____ | _____ | 19. Often late or in a hurry |
| _____ | _____ | 20. Needs caffeine for energy or focus |
| _____ | _____ | 21. Depressed |
| _____ | _____ | 22. Feel sad |
| _____ | _____ | 23. Negative thinking |
| _____ | _____ | 24. Low energy |
| _____ | _____ | 25. Feel joyless |
| _____ | _____ | 26. Feel hopeless |
| _____ | _____ | 27. Moody |
| _____ | _____ | 28. Low self-esteem |
| _____ | _____ | 29. Feel alone |
| _____ | _____ | 30. Eat as a way to boost your mood |
| _____ | _____ | 31. Feel stress |
| _____ | _____ | 32. Feel nervous or anxious |
| _____ | _____ | 33. Excessive muscle tension (such as headaches or upset stomach) |
| _____ | _____ | 34. Feel panicky inside |
| _____ | _____ | 35. Tend to predict the worst |
| _____ | _____ | 36. Avoids conflict |
| _____ | _____ | 37. Worries about being judged by others |

- _____ 38.Lacks confidence
- _____ 39.Easily startled
- _____ 40.Eats, drinks alcohol or smokes marijuana as a way soothe anxious feelings
- _____ 41.Forgetful
- _____ 42.Memory problems
- _____ 43.Trouble remembering appointments
- _____ 44.Trouble remembering to take medications or supplements
- _____ 45.Trouble remembering things that happened recently
- _____ 46.Trouble remembering names
- _____ 47.It is hard for me to memorize things for school, work, or hobbies
- _____ 48.I know something one day but do not remember it the next day
- _____ 49.I forget what I am going to say right in the middle of saying it
- _____ 50.Trouble following directions that have more than one or two steps
- _____ 51.Trouble falling asleep
- _____ 52.Trouble staying asleep
- _____ 53.Do not get at least 7 hours of sleep a night
- _____ 54.Snores loudly or others complain about your snoring
- _____ 55.Other say you stop breathing when you sleep
- _____ 56.Feel fatigued or tired during the day
- _____ 57.Struggle with cravings (i.e., food, alcohol/drugs)
- _____ 58.Craving for simple carbohydrates, such as bread, pasta, cookies, or candy
- _____ 59.Mood problems tend to occur in the fall or winter and improves in spring and summer
- _____ 60.Diet is poor and tends to be haphazard
- _____ 61.Do not exercise
- _____ 62.Put myself at risk for brain injuries, by doing such things as not wearing my seatbelt, drinking and driving, engaging in high risk sports, etc.
- _____ 63.Live under daily stress at home or work
- _____ 64.Thoughts tend to be negative, worried, or angry
- _____ 65.Problems getting at least 6-7 hours of sleep
- _____ 66.Smoke or am exposed to secondhand smoke
- _____ 67.Drink or consume more than three cups of coffee or dark sodas a day
- _____ 68.Use aspartame (NutraSweet), sucralose (Splenda), other artificial sweeteners and/or MSG
- _____ 69.Around environmental toxins, such as paint fumes, hair or nail salon fumes, or pesticides
- _____ 70.Spend more than 1 hour a day watching TV
- _____ 71.Spend more than 1 hour a day playing video games
- _____ 72.Outside of work time, spend more than one hour a day on the computer
- _____ 73.Consume more than three normal size drinks of alcohol a week
- _____ 74.Light sensitive and bothered by glare, sunlight, headlights or streetlights
- _____ 75.Become tired and/or experience headaches, mood changes, feel restless, or have an inability to stay focused with bright or fluorescent lights
- _____ 76. Have trouble reading words that are on white, glossy paper
- _____ 77.When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive
- _____ 78.Feel tense, tired, sleepy, or even get headaches with reading
- _____ 79.Have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving
- _____ 80.Night driving is hard
- _____ 81.Feel cold when others feel fine or they are warm
- _____ 82.Problems with brittle, dry hair, or thinning hair
- _____ 83.Problems with dry skin

- _____ 84. Increase in weight even with low calorie diet
- _____ 85. Chronic problems with tiredness
- _____ 86. Require excessive amounts of sleep to function properly
- _____ 87. Difficult or infrequent bowel movements
- _____ 88. Morning headaches that wear off as the day progresses
- _____ 89. Lack of motivation or mental sluggishness
- _____ 90. Feel warm when others feel fine or they are cold
- _____ 91. Night sweats or problems sweating during the day
- _____ 92. Heart palpitations
- _____ 93. Bulging eyes
- _____ 94. Inward trembling
- _____ 95. Increased pulse rate even at rest
- _____ 96. Insomnia
- _____ 97. Difficulty gaining weight
- _____ 98. Crave sweets during the day
- _____ 99. Irritable if meals are missed
- _____ 100. Get lightheaded if meals are missed
- _____ 101. Eating relieves fatigue
- _____ 102. Poor memory, forgetful
- _____ 103. Decreased sex drive
- _____ 104. Depressed mood
- _____ 105. Decreased muscle mass and strength
- _____ 106. Loss of body hair
- _____ 107. Abdominal fat (pot belly)

Answer "Yes" or "No"

- _____ 108. Are you taking blood thinners, such as aspirin, coumadin, Warfarin, Plavix, or Persantine?