



## HOW Healthy is your BRAIN??

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Please check in the column that best describes you	Almost Never (0)	Sometimes (1)	Often (2)
Experiences aches and pains or headaches			
Becomes easily tired or have low energy			
Distracted easily			
Feel sad or unhappy			
Feel irritable, groggy			
Difficulty falling asleep and/or staying asleep			
Forget names of people or things			
Racing thoughts			
Disorganized			
My thinking ability seems slower than usual			
My reaction time seems slower than usual			
My concentration is worse than it used to be			
Anxiety or feeling nervous			
Trouble finding the right work/using the wrong word			
Tremors or shaking			
Loss of interest in some activities			
Trouble reading (cannot understand what you read)			
<b>TOTAL of EACH COLUMN (staff will complete)</b>			