

NEUROPSYCHOLOGY QUESTIONNAIRE

You have been referred by one of your doctors for a Neuropsychological evaluation. This evaluation is designed to assess your mental/cognitive abilities, such as memory, attention/concentration, and problem solving skills. This is not a psychiatric evaluation, though screening of possible mental health problems will be included as part of this assessment. Please complete this questionnaire and then you will be seen by _____ for an interview and a complete explanation of our services.

Date: _____

Name: _____

Your Social Security Number or, if you are a family member, your Sponsor's Social Security Number:

Age: _____ Date of birth: _____

Gender (circle one): Male Female

Handedness (circle one): Right Left Ambidextrous

Ethnic background (circle one): Caucasian African American Hispanic
American Indian Asian Other: _____

Marital Status (circle one): Married (first marriage) Remarried Separated
Single, never married Single, previously married Widowed

Service Status (circle one): Active Duty Reserves National Guard Retired
Spouse of Active Duty Spouse of Retired
Child of Active Duty Child of Retired
Other: _____

Service Branch (circle one): Navy Marines Army Air Force Coast Guard
Other: _____

Rank (e.g., E-4, O-1) of Active Duty or Retired Service Member/Sponsor: _____

Rating: _____

If you are on Active Duty, please describe your current responsibilities and job requirements:

For Active Duty service members, I am currently (circle one):

On a full, unrestricted duty status

On a restricted or limited duty status but am still deployable

On a restricted or limited duty status and am not deployable

I am in the process of getting a medical board

Other: _____

If you are not on Active Duty, please describe your current work status by circling one of the following statements:

I am not currently working outside of the home and am not receiving any type of disability benefits

I am not currently working outside of the home and am receiving disability payments from either Social Security, workmen's compensation, or a private disability program

I am employed on a part-time basis (that is, less than 35 hours per week)

I am employed on a full-time basis (that is, greater or equal to 35 hours per week)

If you are employed on either a part- or full-time basis, please describe the nature of your job and your responsibilities. If you are disabled, please describe the nature of your disability:

Where are you or your sponsor stationed (include city and state; If retired, where do you live now)?

Total years of active duty service for you or your sponsor: _____

Year entered military service (first enlistment for you or your sponsor): _____

Years of education you have completed: _____

Academic degrees you have earned (e.g., High School Diploma, A.A. degree):

Reason for this referral/current problem: _____

Current and past medical problems include: _____

Current medications include: _____

Educational background. Circle Y for "Yes" and N for "No" for each statement below:

Y N When in school I had to repeat one or more grades (I flunked).

Y N When I was in school I failed one or more subjects.

Y N I attended special classes because I was behind other students my age.

Y N I had difficulty learning to read.

Y N I do not read very well now.

Y N My arithmetic skills have always been below average.

Y N I have difficulty doing arithmetic now.

Y N In school I was a below average student.

Y N In school I was an average student.

Y N I was an above average student.

General background. Answer each of the following statements by circling Y for “Yes” or N for “No” according to how each applies to you.

Y N There were significant medical complications with my birth or I was premature.

Y N I did not develop physically as a child at a normal rate (e.g., was slow learning to walk).

Y N As a child I was required to see a counselor or mental health professional.

Y N As a child or teenager I was a disciplinary problem at home or at school.

Y N As an adult I have gotten in serious financial trouble buying things I really do not need.

Y N In the past, I tried to commit suicide.

Y N In the past I suffered a loss of consciousness as a result of an injury to my head--that is, I have been “knocked out” in the past.

Y N At some point in the past I passed out due to exposure to solvents or other fumes.

Y N I have gotten into trouble for drinking too much.

Y N I have been arrested for drunk driving.

Y N I have been required to attend an alcohol rehabilitation program because of my drinking.

Y N I have a relative, such as a parent, grandparent, brother or sister, who has or has had in the past a significant alcohol problem.

Y N I have a relative, such as a parent, grandparent, brother or sister, who has or has had in the past a significant emotional problem.

Y N I have a relative, such as a parent, grandparent, brother or sister, who has or has had in the past a significant neurological disorder.

Y N I have had a positive urine test for drugs since joining the service (leave blank if you are a family member).

Y N I have always had trouble making rank or advancing at a normal rate, or, if you are a family member, I have always had trouble performing my duties at work.

Y N I have been arrested by military or civilian authorities.

Y N I have spent time restricted to base, in the brig, or in a civilian jail for misconduct or for breaking the law.

Y N I have been disciplined for being U/A (leave blank if you are a family member).

Y N I would like to leave military service in the near future (family members leave blank).

Y N I have been under the care of a mental health professional (that is, a psychiatrist, psychologist or social worker) in the past.

Y N Sometime in the past I was admitted to an inpatient psychiatric ward.

Current Symptoms. Answer each of the following statements by circling Y for “Yes” or N for “No” according to how each applies to you.

Y N I have very little energy these days. I feel worn-out and tired.

Y N I have been feeling blue and down in the dumps quite a bit lately.

Y N I have not been sleeping normally.

Y N My appetite is not normal. I either eat way too much or too little.

Y N There has been a significant change in my weight over the past year.

Y N I worry about one thing or another most of the time.

Y N I have been having thoughts of ending my life.

Y N I have been having thoughts about hurting or killing another person.

Y N I am a high-strung, anxious person.

Y N I worry about being or getting sick much more than I used to.

Y N I hear voices in my head when there is no one else around me and/or see things, like objects or people, that other persons do not see.

Y N I believe that other persons would like to see harm come to me.

Y N Sometimes my energy level is so high I do not sleep for days on end.

Y N My memory and concentration have become very poor.

Y N My memory and concentration are getting much worse over time.

Y N I am having trouble balancing my check book or making change.

Y N I have recently been getting lost in familiar places.

Y N I have been forgetting well-known information such as how to do my job or my telephone number.

Y N I have been having difficulty performing my job properly.

Y N I drink alcohol almost every night.

Y N I have been using illegal drugs.

Y N I am currently under the care of a mental health professional.

Contact Information

Home phone number: _____

Cell Phone: _____

Work/duty phone number: _____

What telephone number is the best one to reach you? _____

At what time? _____

Personal email address: _____

Work email address: _____

May we contact you by email? (circle one) Yes No

Please note, that personal information is always sent via encrypted email, which you may not be able to open at home. General information about your appointment may be sent in unencrypted email, which you should be able to open from any computer.

Home address: _____
