

## Neurocognitive Symptoms Checklist

<p>How often have you seen things in your peripheral vision such as stars, bugs, worms, or threads?</p>	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	<p>Visual Disturbance</p>
<p>How often have you seen mice or cockroaches run across the floor, but when you turn to look, you don't see them?</p>	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	<p>Visual Disturbance</p>
<p>How often have you felt as though bugs are crawling on you, or that something is brushing up against your skin, such as a cobweb?</p>	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	<p>Haptic Disturbance</p>
<p>How often have you gone numb in a part of your body for no apparent reason?</p>	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	<p>Anesthesias</p>
<p>How often have you become dizzy for no apparent reason?</p>	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	<p>Dizziness</p>
<p>How often has the room seemed as if it is spinning for no particular reason?</p>	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	<p>Vertigo</p>
<p>How often have you smelled things which other people can't smell, such as feces, urine, body odor or smoke?</p>	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	<p>Olfactory Disturbance</p>
<p>How often have you felt like your stomach or internal organs are rising up in your chest?</p>	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	<p>Epigastric Sensation</p>

How often have you had trouble with the pronunciation of words with the effect that you appear a bit intoxicated even though you haven't been drinking?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Speech Articulation
How often have you suddenly had trouble thinking of words you should know and were able to say moments before?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Word Finding
How often have you uttered a sentence that doesn't make any sense and involves words other than those you wished to say?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Confused Speech
How often have you become quite suddenly and intensely confused or perplexed and then have the feeling pass in a few minutes?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Confusion
How often have you had an overwhelming feeling that things are weird, strange, or wrong, sort of like entering the twilight zone?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Jamais Vu
How often have you felt that familiar places or persons are somehow not familiar or the way then should be?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Jamais Vu
How often have you gotten the feeling that you have experienced something or been someplace before, even though you know you have not?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	De'ja Vu
How often have you had clear cut gaps in your memory during which you cannot remember anything over a period of 5 minutes?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Memory Gaps

How often have you found that you have missed major sections of TV shows you have been watching, like someone has spliced out a section of a movie?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Memory Gaps
How often have you found yourself driving or walking without remembering how you got there or where you were going?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Automatisms
How often have people told you about things you have said or done for which you have no memory at all?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Automatisms
How often have you had staring spells where you become sort of hypnotized by a bright or shiny object?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Staring Spells
How often have people told you that there are times when you are staring and have a blank look on your face?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Staring Spells
How often have you felt that your memory or concentration is getting substantially worse every year?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Mental Decline
How often have you lost consciousness or just blacked out?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Loss of Consciousness
How often have you been so depressed that you think seriously about suicide?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Depression with Suicidal Ideation

How often have you become abruptly more depressed than you were a few minutes or seconds earlier with no apparent reason?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Sudden Depression
How often have you been inclined to panic or become very anxious for no reason?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Anxiety
How often have you become extremely and intensely angry for no reason?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Unprovoked Anger
How often have people told you that you become very angry and you do not remember?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Anger Outburst
How often have you walked or talked in your sleep so that you are capable of interacting with people (even incoherently), performing complex activity (possibly odd), or are able to do things that another person would think you are awake?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Parasomnias
How often have you felt an irresistible urge to sleep during the day, and then sleep so soundly that no one can arouse you?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Uncontrolled Sleeping Spells
How often have you awakened to realize that you have been sweating so much that the bed sheets are soaked?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Thermo-regulatory Dysfunction
How often have you had vivid nightmares followed by abrupt awakening and insomnia lasting at least an hour?	<input type="checkbox"/> 0) never in the last year <input type="checkbox"/> 1) 2 or 3 times in the past year <input type="checkbox"/> 2) at least once a month <input type="checkbox"/> 3) at least once a week <input type="checkbox"/> 4) several times a week <input type="checkbox"/> 5) every day	Nightmares and Nocturnal Insomnia

