

Suprasegmental Patient Inventory Sheet

Patient Name _____

Date _____

**Please mark the following in each category by ranking each one 0-4.
0=Never, 1=Rarely, 2=Occasionally, 3=Frequently, 4=Very Frequently**

DLC	
Feelings of Sadness	Decreased interests in Others
Moodiness	Feelings of hopelessness about the future
Negativity	Feelings of helplessness or powerlessness
Low Energy	Feeling dissatisfied or bored
Irritability	Excessive Guilt
Suicidal Feelings	Crying Easily
Low Self Esteem	Lowered Interest in things considered fun
Sleep changes	Appetite changes
Forgetfulness	Decreased interest in sex
Poor concentration	Negative sensitivity to smells and odors

BG	
Panic Attacks	Feelings of nervousness or anxiety
Poor handwriting	Tremors / Shakiness
Shyness or timidity	Heart pounding, rapid heart rate, chest pain
Tics	Troubled breathing or feelings of being smothered
Conflict Avoidance	Feeling dizzy, faint or unsteady on feet
Low motivation	Avoidance of public places from fear of anxiety
Excessive motivation	Periods of nausea and stomach upset
Quick startle reaction	Tendency to predict the worst
Persistent phobias	Fear of being judged or scrutinized
Easily embarrassed	Excessive worrying about what others think
Easily sweats	Tendency to freeze in anxiety provoking situations
Hot or cold flashes / hot or cold hands	

PFC	
Trouble listening	Trouble sustaining attention in routine situations
Distractibility	Inability to give close attention to detail or avoid mistakes
Poor planning skills	Lack of clear goals or forward thinking
Boredom	Difficulty expressing feelings
Lethargy	Difficulty following through or finishing things
Lack of motivation	Difficulty expressing empathy for others

	Excessive daydreaming		Feelings of spaciness or being in a fog
	Conflict seeking		Trouble learning from experience, makes repetitive mistakes
	Difficulty awaiting turn		Difficulty remaining seated when expected
	Restlessness		Interruption of or intrusion on others
	Impulsivity		Blurting out of answers before question is completed
	Talking to much or to little		

CS			
	Senseless worrying		Tendency to say no without first thinking about the question
	Dislike of change		Perception by others that you worry to much
	Hold grudges		Being upset unless things are done a certain way
	Compulsive behaviors		Upset when things do not go your way
	Repetitive negativity		Upset when things get out of place
	Trouble shifting behavior from task to task		Being argumentative or oppositional
	Tendency to hold onto own opinions and to listen to others		Trouble shifting attention from subject to subject
	Tendency to get locked into a course of action, whether or not it is good		Difficulty seeing options in situations
	Tendency to predict negative outcomes		

TL			
	Mild paranoia		History of family violence or explosiveness
	Memory problems		History of head injury or trauma
	Periods of forgetfulness		Short fuse or periods of extreme irritability
	Spaciness or confusion		Periods of rage without provocation
	Periods of déjà vu		Dark thoughts or suicide, homicide
	Periods of panic		Preoccupation with moral or religious ideas
	Frequent misinterpretation of comments as negative when they are not		Reading comprehension problems
	Auditory or visual hallucinations		Irritability that tends to build, then explode
	Headaches or abdominal pain of an uncertain etiology		Ringling in the ears

Please indicate which of the following you are interested in or good at or what you are not interested in or poor at with a (Y for yes or an N for no)

RB	
Recognizing faces	Recognizing out of focus objects
Good memory for location	Recognition of emotional tone of voices
Good memory for direction	Good responses to new situations
Understand nonverbal communication	Understand the big picture of words / phrases
Good abstract thought	Recognition of rotated objects
Understand humor and metaphors	Appropriate social behavior and responses
Ability to fight off compulsion	Ability to focus
Ability to do math	Music skills
Good self image	Ability to rhyme
Ability to think clearly	Ability to tune out irrelevant stimuli
Ability to have good imagination	Ability to decode the emotions of others
Ability to read books	Ability to understand symbolism
Ability to predict what others will do	Ability control repetitive thought
Ability to control hyperactivity	Ability to understand false perceptions
Ability to control what you say	Ability to have good motor control
Ability to sleep	Ability to have emotional tone in voice
Ability to have relationships	Ability to have smooth, fluid movement
Ability to deal with feelings	Ability to cry or be spontaneous
Ability to express fantasies	Ability to avoid alcohol and drugs
Ability to control anxiety and fear	Do you get motion sickness
Do you have autoimmune illness	Do you have an irregular heart rate

LB	
Ability to comprehend reading	Ability to understand when spoken to
Ability to remember facts and figures	Ability to identify objects
Ability to speak clearly	High level of intelligence
Ability to find words	Ability to focus on smaller details
Ability to care for self (grooming)	Ability to enjoy music
Ability to draw pictures	Ability to have a positive, happy attitude
Do you have dyslexia	Ability to control shyness
Are you athletic	Ability to follow directions
Do you have any cysts or tumors	Are you prone to chronic infections
Ability to understand math/science	Do you have good language skills
Do you drink alcohol excessively	Do you drink coffee or other stimulants
Do you take illegal party drugs	Do you exercise regularly
Do you have a good diet	Are you under significant stress right now

Please sign the bottom of the page. Upon signature it is understood that you the patient have answered the aforementioned questions as accurate as possible understanding that the material contained is private and confidential.

Patient Signature _____ **Date:** _____