



P E S I

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NEUROBEHAVIORAL SYMPTOM INVENTORY

Please rate the following symptoms with regard to how much they have disturbed you SINCE YOUR INJURY or SINCE THE LAST ASSESSMENT?

Injury date/Last Assessment date: _____

- | | |
|-----------------|--|
| 0 = NONE | Rarely if ever present; "not a problem at all" |
| 1 = MILD | Occasionally present, but it does not disrupt activities; "I can usually continue what I'm doing: doesn't really concern me." |
| 2 = MODERATE | Often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; "I feel like I need help." |
| 3 = SEVERE | Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; "I feel like I need help." |
| 4 = VERY SEVERE | Almost always present and I have been unable to perform your job, school or home due to this problem; "I probably cannot function without help." |

	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
1. Feeling dizzy:	0	1	2	3	4
2. Loss of balance:	0	1	2	3	4
3. Poor coordination, clumsy:	0	1	2	3	4
4. Headaches:	0	1	2	3	4
5. Nausea:	0	1	2	3	4
6. Vision problems, blurring, trouble seeing:	0	1	2	3	4
7. Sensitivity to light:	0	1	2	3	4
8. Hearing difficulty:	0	1	2	3	4
9. Sensitivity to noise:	0	1	2	3	4
10. Numbness or tingling on parts of my body:	0	1	2	3	4
11. Change in taste and/or smell:	0	1	2	3	4
12. Loss of appetite or increase appetite:	0	1	2	3	4
13. Poor concentration, can't pay attention, easily distracted:	0	1	2	3	4
14. Forgetfulness, can't remember things:	0	1	2	3	4
15. Difficulty making decisions:	0	1	2	3	4
16. Slowed thinking, difficulty getting organized, can't finish things:	0	1	2	3	4
17. Fatigue, loss of energy, getting tired easily:	0	1	2	3	4
18. Difficulty falling or staying asleep:	0	1	2	3	4
19. Feeling anxious or tense:	0	1	2	3	4
20. Feeling depressed or sad:	0	1	2	3	4
21. Irritability, easily annoyed:	0	1	2	3	4
22. Poor frustration tolerance, feeling easily overwhelmed by things:	0	1	2	3	4