

Name: _____

Amen Brain System Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner or parent) rate you as well. List other _____

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Self

- _____ 1. Fails to give close attention to details or makes careless mistakes
- _____ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- _____ 3. Trouble listening
- _____ 4. Fails to finish things
- _____ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- _____ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- _____ 7. Loses things
- _____ 8. Easily distracted
- _____ 9. Forgetful
- _____ 10. Poor planning skills
- _____ 11. Lack clear goals or forward thinking
- _____ 12. Difficulty expressing feelings
- _____ 13. Difficulty expressing empathy for others
- _____ 14. Excessive daydreaming
- _____ 15. Feeling bored
- _____ 16. Feeling apathetic or unmotivated
- _____ 17. Feeling tired, sluggish or slow moving
- _____ 18. Feeling spacey or "in a fog"
- _____ 19. Fidgety, restless or trouble sitting still
- _____ 20. Difficulty remaining seated in situations where remaining seated is expected
- _____ 21. Runs about or climbs excessively in situations in which it is inappropriate
- _____ 22. Difficulty playing quietly
- _____ 23. "On the go" or acts as if "driven by a motor"
- _____ 24. Talks excessively
- _____ 25. Blurts out answers before questions have been completed
- _____ 26. Difficulty waiting turn
- _____ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- _____ 28. Impulsive (saying or doing things without thinking first)
- _____ 29. Excessive or senseless worrying
- _____ 30. Upset when things do not go your way
- _____ 31. Upset when things are out of place
- _____ 32. Tendency to be oppositional or argumentative
- _____ 33. Tendency to have repetitive negative thoughts
- _____ 34. Tendency toward compulsive behaviors
- _____ 35. Intense dislike for change
- _____ 36. Tendency to hold grudges
- _____ 37. Trouble shifting attention from subject to subject
- _____ 38. Trouble shifting behavior from task to task
- _____ 39. Difficulties seeing options in situations
- _____ 40. Tendency to hold on to own opinion and not listen to others
- _____ 41. Tendency to get locked into a course of action, whether or not it is good
- _____ 42. Needing to have things done a certain way or you become very upset
- _____ 43. Others complain that you worry too much
- _____ 44. Tend to say no without first thinking about question
- _____ 45. Tendency to predict fear
- _____ 46. Frequent feelings of sadness

- ___ 47. Moodiness
- ___ 48. Negativity
- ___ 49. Low energy
- ___ 50. Irritability
- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
- ___ 62. Chronic low self-esteem
- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
- ___ 82. Quick startle
- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism
- ___ 88. Bites fingernails or picks skin
- ___ 89. Short fuse or periods of extreme irritability
- ___ 90. Periods of rage with little provocation
- ___ 91. Often misinterprets comments as negative when they are not
- ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ 93. Periods of spaciness or confusion
- ___ 94. Periods of panic and/or fear for no specific reason
- ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)
- ___ 97. Sensitivity or mild paranoia
- ___ 98. Headaches or abdominal pain of uncertain origin
- ___ 99. History of a head injury
- ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ 101. Periods of forgetfulness or memory problems

Amen Brain System Checklist Answer Key

Prefrontal Cortex Symptoms (PFC)

Inattention Symptoms, 1-18

Hyperactivity-Impulsivity Symptoms, 19-28

Anterior Cingulate System (ACS) Symptoms, 29-45

Deep Limbic System (DLS) Symptoms, 46-63

Basal Ganglia (BGS) Symptoms, 64-88

Temporal Lobe (TLS) Symptoms, 89-101

Add up all of the questions answered as 3 or 4 in each section.

PFC

ADD, combined type if both 1-18, and 19-28 score (in each area)

Highly probable 8 questions with 3 or 4

Probable 6 questions with 3 or 4

May be possible 4 questions with 3 or 4

ADD, inattentive subtype if 1-18 has X questions with 3 or 4 but 19-28 has less than 3 questions with 3 or 4

Highly probable 8 questions with 3 or 4

Probable 6 questions with 3 or 4

May be possible 4 questions with 3 or 4

Anterior Cingulate System Hyperactivity, questions 29-45

Highly probable 10 questions with 3 or 4

Probable 7 questions with 3 or 4

May be possible 4 questions with 3 or 4

Deep Limbic System Hyperactivity, questions 46-63

Highly probable 10 questions with 3 or 4

Probable 7 questions with 3 or 4

May be possible 4 questions with 3 or 4

Basal Ganglia Hyperactivity, questions 64-88

Highly probable 10 questions with 3 or 4

Probable 7 questions with 3 or 4

May be possible 4 questions with 3 or 4

Temporal Lobe System, questions 89-101

Highly probable 8 questions with 3 or 4

Probable 6 questions with 3 or 4

May be possible 4 questions with 3 or 4

How To Use The Amen Brain Systems Checklist in Daily Clinical Practice

Daniel Amen, M.D. developed the ABSC (Amen Brain System Checklist) to provide a way of assessing the need for SPECT brain imaging and to utilize as an assessment tool to measure the effectiveness of medication. The ABSC can be used as a one time assessment to measure whether or not referral for a SPECT Scan is needed, and to be used periodically to provide objective feedback to the prescribing physician to help titrate medications/supplements or to know when medication/supplements may need to be changed.

Ways to Administer:

The checklist can be self administered, or given verbally to the patient by the therapist. When the checklist is administered verbally it gives you the opportunity to question the patient about their responses to gain further information about the severity of their symptoms. As an example with question #99, “History of a head injury or family history of violence or explosiveness”. It is helpful to ask if they have experienced a blow to the head by asking the following questions. Note their responses, with approximate dates, and age at the time of the traumatic incident.

- Have you ever experienced a blow to the head where you saw “stars”, felt confused or shaken up?
- Have you been in a car accident? Can you describe what happened?
- Ever played football? Soccer? Have you ever been surfing?
- Any times when you had periods of high fever?
- Ever been in a fist fight?
- Drug or alcohol experiences where you passed out, or got into a fight?
- Did your father, or mother rage? Did they or any family members when they were angry throw things? Kick ? Did they become so angry they punched holes in the walls?
- Did your parents or family members have mood swings? Periods of sleeplessness? Times of mania?

The Importance of “Other”.

The ABSC has a column that can be used for self report, and a column to have their spouse, parent, or close friend rate them. Generally speaking unless the patient is in a time of high stress or desperately needing help “self report” can yield highly inaccurate results. At the beginning of therapy it is not unusual for patients to see themselves as functioning quite normally. In situations where it is clear that verbal abuse and rage are frequent and common occurrences it is not unusual for the volatile spouse to rate themselves quite “normal”. I usually find that the “other” rating will be closer to SPECT Scan results than self – report. I usually have both people fill out the ABSC for themselves, and on their spouse. The results will yield interesting data on how each person is coming across to the other person.