

SCHALLER COGNITION QUESTIONNAIRE

Name: _____

Date: _____

Is it harder to understand magazines, books, or conversations over 20 minutes?	YES	NO	
Do you have short term memory trouble?	YES	NO	How long? _____
Do you have long term memory trouble?	YES	NO	How long? _____
Is it harder to find words?	YES	NO	
Do you feel the need to interrupt?	YES	NO	
Do you feel confused?	YES	NO	How long? _____
Is it harder to function at work, school, or home?	YES	NO	How long? _____
What percent less function? _____			
Is it harder relating to family or close friends?	YES	NO	How long? _____
Is it harder relating to strangers?	YES	NO	
Can you think of three things at once?	YES	NO	
Is it harder to make a plan?	YES	NO	
Do you find that most people talk too fast?	YES	NO	
Have you had struggles learning in the past or present?	YES	NO	
Who are the last five presidents?	1		_____
	2		_____
	3		_____
	4		_____
	5		_____
Have you become bad with numbers recently?	YES	NO	
Have you been bad with numbers your entire life?	YES	NO	
Are your senses (sight, sound, touch, smell, taste) too heightened?	YES	NO	
Do you have new trouble with attention?	YES	NO	
Are you easily frustrated?	YES	NO	
Do you get lost?	YES	NO	Since when? _____
Do you reverse letters or numbers?	YES	NO	
Is it harder to speak?	YES	NO	Since when? _____
Is it hard to write or text?	YES	NO	
Is it hard to complete things?	YES	NO	
Are you getting more aggressive?	YES	NO	Since when? _____
Are you able to do more than one task at a time?	YES	NO	
Have you lost your sense of humor?	YES	NO	
Does your mood change suddenly?	YES	NO	
Do you interrupt too much?	YES	NO	
Is it harder to relate to people?	YES	NO	

Are work, school, or hobbies more difficult for you?	YES	NO	How long? _____
Is it hard to clean the house?	YES	NO	
Is it hard to brush your teeth?	YES	NO	
Is it hard to organize the clutter in your home?	YES	NO	
Are you suddenly crying?	YES	NO	
Are you suddenly yelling?	YES	NO	
Are you accident-prone?	YES	NO	
Do you use alcohol, cannabis, mushrooms, cocaine, heroine or other non-prescription medicines?	YES	NO	
Do you use mouthwash containing alcohol, fluoridated water, fluoridated toothpaste?	YES	NO	
Do you use stomach acid medicines like Tums, Pepcid, Nexium, etc?	YES	NO	
Do you keep dropping things?	YES	NO	
Do you feel hot?	YES	NO	
Do you feel cold?	YES	NO	
Are you sensitive to alcohol?	YES	NO	
Do you have trouble with libido, orgasms, or erections?	YES	NO	
Do you have irregular periods or no period at all?	YES	NO	
Is your hair thinning?	YES	NO	
Do you have numbness?	YES	NO	
Do you have tingling?	YES	NO	
Do you have a burning sensation?	YES	NO	
Do you have a shock sensation?	YES	NO	
Does your skin feel dead?	YES	NO	
Do you have twitching?	YES	NO	
Do you have muscle spasms?	YES	NO	
Do you have muscle aches?	YES	NO	
Do you have jerking muscles?	YES	NO	
Do you walk normally?	YES	NO	
Can you walk heel to toe with no room between heel and toe?	YES	NO	
Can you stand on one leg with the other leg bent in front of you (leg raise)?	YES	NO	
Do you get light-headed?	YES	NO	
Fainting in the last four years?	YES	NO	