

Arousal Regulation Checklist.

Place a checkmark by each item/symptom that you experience.

Attention

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|--|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> ADD (inattentive subtype)</li> <li><input type="checkbox"/> Inattention</li> <li><input type="checkbox"/> Daydreaming</li> <li><input type="checkbox"/> Poor Concentration</li> <li><input type="checkbox"/> Lack of Motivation</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> ADHD</li> <li><input type="checkbox"/> Hyperactivity after Sugar</li> <li><input type="checkbox"/> Hyperactivity after Sedatives</li> <li><input type="checkbox"/> Overwhelmed by Stimuli</li> <li><input type="checkbox"/> Hard to make decisions (executive function)</li> <li><input type="checkbox"/> Disorganized</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Impulsivity</li> <li><input type="checkbox"/> Distractibility</li> <li><input type="checkbox"/> Stimulus Seeking</li> <li><input type="checkbox"/> Thrill Seeking</li> <li><input type="checkbox"/> Competing Thoughts, Too many thoughts</li> </ul> |
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Sleep

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Night Sweats</li> <li><input type="checkbox"/> Frequent Waking During Night (without agitation)</li> <li><input type="checkbox"/> Sleeping Lightly</li> <li><input type="checkbox"/> Sleeping Too Much</li> <li><input type="checkbox"/> Sleep Apnea</li> <li><input type="checkbox"/> Snoring</li> <li><input type="checkbox"/> Not rested after sleep</li> <li><input type="checkbox"/> Waking Early</li> <li><input type="checkbox"/> Difficulty Falling Asleep (mind quiet)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Night Terrors</li> <li><input type="checkbox"/> Nocturnal myoclonus (jerking or moving while asleep)</li> <li><input type="checkbox"/> Sleepwalking</li> <li><input type="checkbox"/> Sleep talking</li> <li><input type="checkbox"/> Narcolepsy</li> <li><input type="checkbox"/> Too busy to sleep</li> <li><input type="checkbox"/> Night sweats</li> <li><input type="checkbox"/> Bed wetting</li> <li><input type="checkbox"/> Sleep paralysis when awakening: still dreaming when awake</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty falling asleep (mind busy)</li> <li><input type="checkbox"/> Hot flashes during sleep</li> <li><input type="checkbox"/> Physically restless sleep</li> <li><input type="checkbox"/> Nightmares</li> <li><input type="checkbox"/> Grinding teeth</li> <li><input type="checkbox"/> Restless leg syndrome</li> <li><input type="checkbox"/> Vivid dreams</li> <li><input type="checkbox"/> Clenching jaw</li> <li><input type="checkbox"/> Waking with agitation</li> <li><input type="checkbox"/> Vigilant sleep</li> </ul> |
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Emotional and Behavioral Symptoms

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|---|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Anxiety (worry)</li> <li><input type="checkbox"/> Depression (blue, low, helpless, hopeless)</li> <li><input type="checkbox"/> Irritability</li> <li><input type="checkbox"/> Feelings easily hurt</li> <li><input type="checkbox"/> Perfectionist</li> <li><input type="checkbox"/> Remorseful after tantrums</li> <li><input type="checkbox"/> Cries easily (feelings hurt)</li> <li><input type="checkbox"/> Rumination</li> <li><input type="checkbox"/> Guilt</li> <li><input type="checkbox"/> Withdraws when stressed</li> <li><input type="checkbox"/> Passive</li> <li><input type="checkbox"/> Wishes was dead</li> <li><input type="checkbox"/> Grumpy</li> <li><input type="checkbox"/> Thinks little of self</li> <li><input type="checkbox"/> Performance anxiety</li> <li><input type="checkbox"/> Shy</li> <li><input type="checkbox"/> Seasonal affective disorder</li> <li><input type="checkbox"/> Fidgets</li> <li><input type="checkbox"/> Whining</li> <li><input type="checkbox"/> Tired, listless</li> <li><input type="checkbox"/> Obsessive thoughts</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Binge eating</li> <li><input type="checkbox"/> Anorexia</li> <li><input type="checkbox"/> Bulimia</li> <li><input type="checkbox"/> Panic attacks</li> <li><input type="checkbox"/> Encopresis (soiling)</li> <li><input type="checkbox"/> Irritable Bowel Syndrome</li> <li><input type="checkbox"/> Bipolar Disorder</li> <li><input type="checkbox"/> DID</li> <li><input type="checkbox"/> BPD</li> <li><input type="checkbox"/> PTSD</li> <li><input type="checkbox"/> Developmental Trauma</li> <li><input type="checkbox"/> Rage</li> <li><input type="checkbox"/> Antisocial Personality</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Anxiety (fear)</li> <li><input type="checkbox"/> Depression (agitated)</li> <li><input type="checkbox"/> Agitation</li> <li><input type="checkbox"/> Mania</li> <li><input type="checkbox"/> Paranoia</li> <li><input type="checkbox"/> Suicidal Ideation &amp; Behaviors</li> <li><input type="checkbox"/> Shame</li> <li><input type="checkbox"/> Compulsive Behavior</li> <li><input type="checkbox"/> Involuntary movement or tics</li> <li><input type="checkbox"/> Impatient</li> <li><input type="checkbox"/> Aggressive , initiates conflict</li> <li><input type="checkbox"/> Jealous/envious</li> <li><input type="checkbox"/> Angry</li> <li><input type="checkbox"/> Lacks Remorse</li> <li><input type="checkbox"/> Hates self</li> <li><input type="checkbox"/> Dissociative</li> <li><input type="checkbox"/> Exhausted</li> <li><input type="checkbox"/> Lacks empathy</li> <li><input type="checkbox"/> Lacks cause-and effect thinking</li> <li><input type="checkbox"/> Manipulative, controlling</li> <li><input type="checkbox"/> Holds a grudge</li> <li><input type="checkbox"/> Poor comprehension and expression of emotions</li> <li><input type="checkbox"/> Lacks body awareness (pain, appetite, discomfort)</li> <li><input type="checkbox"/> High pain threshold</li> <li><input type="checkbox"/> Loud, unmodulated voice</li> <li><input type="checkbox"/> Poor eye contact</li> <li><input type="checkbox"/> Poor social awareness</li> <li><input type="checkbox"/> Autistic Syndromes</li> <li><input type="checkbox"/> Humorless</li> <li><input type="checkbox"/> Road Rage</li> <li><input type="checkbox"/> Hair pulling</li> <li><input type="checkbox"/> Nail biting</li> <li><input type="checkbox"/> attachment disorder</li> <li><input type="checkbox"/> developmental trauma</li> </ul> |
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<b>Cognitive Symptoms</b>		
<input type="checkbox"/> dyslexia <input type="checkbox"/> indecisiveness <input type="checkbox"/> poor word fluency <input type="checkbox"/> poor sequential processing <input type="checkbox"/> poor sequential planning <input type="checkbox"/> poor reading comprehension <input type="checkbox"/> difficulty decoding words <input type="checkbox"/> poor arithmetic calculation		<input type="checkbox"/> non verbal learning disability <input type="checkbox"/> poor spelling <input type="checkbox"/> poor visual-spatial skills <input type="checkbox"/> poor sense of self in space <input type="checkbox"/> poor tracing during reading <input type="checkbox"/> monotone <input type="checkbox"/> poor drawing <input type="checkbox"/> loud voice <input type="checkbox"/> poor handwriting <input type="checkbox"/> poor sense of direction <input type="checkbox"/> poor fine motor skills <input type="checkbox"/> poor math concepts <input type="checkbox"/>
<b>Pain Symptoms</b>		
<input type="checkbox"/> Chronic Pain with depression <input type="checkbox"/> chronic aching pain <input type="checkbox"/> tension headaches <input type="checkbox"/> low pain threshold	<input type="checkbox"/> fibromyalgia <input type="checkbox"/> Reflex Sympathetic Dystrophy <input type="checkbox"/> Trigeminal neuralgia <input type="checkbox"/> Migraine <input type="checkbox"/> Headaches <input type="checkbox"/> Jaw Tension <input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Chronic Buring pain <input type="checkbox"/> chronic throbbing pain <input type="checkbox"/> chronic stabbing pain <input type="checkbox"/> sciatic pain <input type="checkbox"/> high pain threshold <input type="checkbox"/> peripheral neuropathy pain <input type="checkbox"/> emotional reactivity to pain <input type="checkbox"/> reflux
<b>Neurological and Motor Symptoms</b>		
<input type="checkbox"/> Left brain seizures <input type="checkbox"/> left brain stroke <input type="checkbox"/> left brain tbi <input type="checkbox"/> right body paralysis <input type="checkbox"/> urinary incontinence	<input type="checkbox"/> generalized seizures <input type="checkbox"/> absence seizures <input type="checkbox"/> grand mal seizures <input type="checkbox"/> temporal lobe epilepsy <input type="checkbox"/> TBU with brainstem injury <input type="checkbox"/> vertigo <input type="checkbox"/> tinnitus <input type="checkbox"/> motion sickness <input type="checkbox"/> tics	<input type="checkbox"/> Right brain partial seizures <input type="checkbox"/> right brain stroke <input type="checkbox"/> right brain TBI <input type="checkbox"/> left body paralysis <input type="checkbox"/> spacticity <input type="checkbox"/> tremor <input type="checkbox"/> poor balance <input type="checkbox"/> poor coordination <input type="checkbox"/> nervous habits/laugh <input type="checkbox"/> hiccups <input type="checkbox"/> reflux
<b>Immune, Endocrine and ANS Symptoms</b>		
<input type="checkbox"/> Sugar Craving <input type="checkbox"/> Immune Deficiency <input type="checkbox"/> Low Thyroid Function <input type="checkbox"/> PMS - irritability, insomnia, sugar cravings, cramps, pain <input type="checkbox"/> Postpartum depression <input type="checkbox"/> insomnia <input type="checkbox"/> intolerant of alcohol or other sedative drugs	<input type="checkbox"/> hypertension <input type="checkbox"/> hypotension <input type="checkbox"/> incontinence <input type="checkbox"/> severe PMS (migraines, mood swings) <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> IBS <input type="checkbox"/> Autoimmune disorders: Lupus, RA, Crohn's , MS <input type="checkbox"/> Intolerant of Coffee, stimulants, many medications <input type="checkbox"/> Multiple chemical sensitivities <input type="checkbox"/> asthma	<input type="checkbox"/> irregular menstrual periods <input type="checkbox"/> racing thoughts <input type="checkbox"/> mania <input type="checkbox"/> PMS- agitation, mania, rages, racing thoughts <input type="checkbox"/> skin allergies, eczema <input type="checkbox"/> pounding racing heart, constipation <input type="checkbox"/> heart palpitations