



Amen Clinic Learning Disability Screening Questionnaire

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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 (such as a spouse, partner or parent) rate you as well. List other person _____

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

Other Self

Reading

- | | | |
|-------|-------|--|
| _____ | _____ | 1. I am a poor reader. |
| _____ | _____ | 2. I do not like reading. |
| _____ | _____ | 3. I make mistakes when reading, such as skipping words or lines. |
| _____ | _____ | 4. I read the same line twice. |
| _____ | _____ | 5. I have problems remembering what I read even though I have read all the words. |
| _____ | _____ | 6. I reverse letters when I read (such as b/d, p/q). |
| _____ | _____ | 7. I switch letters in words when reading (such as god and dog). |
| _____ | _____ | 8. My eyes hurt or water when I read. |
| _____ | _____ | 9. Words tend to blur when I read. |
| _____ | _____ | 10. Words tend to move around the page when I read. |
| _____ | _____ | 11. When reading I have difficulty understanding the main idea or identifying important details. |

Writing

- | | | |
|-------|-------|--|
| _____ | _____ | 12. I have "messy" handwriting. |
| _____ | _____ | 13. My work tends to be messy. |
| _____ | _____ | 14. I prefer to print rather than to write in cursive. |
| _____ | _____ | 15. My letters run into each other or there is no space between words. |
| _____ | _____ | 16. I have trouble staying within lines. |
| _____ | _____ | 17. I have problems with grammar or punctuation. |
| _____ | _____ | 18. I am a poor speller. |
| _____ | _____ | 19. I have trouble copying off the board or from a page in a book. |
| _____ | _____ | 20. I have trouble getting thoughts from my brain to the paper. |
| _____ | _____ | 21. I can tell a story but cannot write it. |

Body Awareness/ Spatial Relationships

- | | | |
|-------|-------|--|
| _____ | _____ | 22. I have trouble with knowing my left from my right. |
| _____ | _____ | 23. I have trouble keeping things within columns or coloring within lines. |
| _____ | _____ | 24. I tend to be clumsy, uncoordinated. |
| _____ | _____ | 25. I have difficulty with eye/hand coordination. |
| _____ | _____ | 26. I have difficulty with concepts such as up, down, over, or under. |
| _____ | _____ | 27. I tend to bump into things when walking. |

Oral Expressive language

- | | | |
|-------|-------|---|
| _____ | _____ | 28. I have difficulty expressing myself in words. |
| _____ | _____ | 29. I have trouble finding the right word to say in conversations. |
| _____ | _____ | 30. I have trouble talking around a subject or getting to the point in conversations. |

Receptive language

- | | | |
|-------|-------|---|
| _____ | _____ | 31. I have trouble keeping up or understanding what is being said in conversations. |
| _____ | _____ | 32. I tend to misunderstand people and give the wrong answers in conversations. |
| _____ | _____ | 33. I have trouble understanding directions people tell me. |
| _____ | _____ | 34. I have trouble telling the direction sound is coming from. |
| _____ | _____ | 35. I have trouble filtering out background noises. |

Math

- _____ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying, and dividing)
- _____ 37. I makes "careless mistakes" in math.
- _____ 38. I tend to switch numbers around.
- _____ 39. I have difficulty with word problems.

Sequencing

- _____ 40. I have trouble getting everything in the right order when I speak.
- _____ 41. I have trouble telling time.
- _____ 42. I have trouble using the alphabet in order.
- _____ 43. I have trouble saying the months of the year in order.

Abstraction

- _____ 44. I have trouble understanding jokes people tell me.
- _____ 45. I tend to take things too literally.

Organization

- _____ 46. My notebook/paperwork is messy or disorganized.
- _____ 47. My room is messy.
- _____ 48. I tend to shove everything into my backpack, desk or closet.
- _____ 49. I have multiple piles around my room.
- _____ 50. I have trouble planning my time.
- _____ 51. I am frequently late or in a hurry.
- _____ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- _____ 53. I have trouble with my memory.
- _____ 54. I remember things from long ago but not recent events.
- _____ 55. It is hard for me to memorize things for school or work.
- _____ 56. I know something one day but do not remember it to the next.
- _____ 57. I forget what I am going to say right in the middle of saying it.
- _____ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- _____ 59. I have few or no friends.
- _____ 60. I have trouble reading the body language or facial expressions of others.
- _____ 61. My feelings are often or easily hurt.
- _____ 62. I tend to get into trouble with friends, teachers, parents, or bosses.
- _____ 63. I feel uncomfortable around people whom I do not know well.
- _____ 64. I am teased by others.
- _____ 65. Friends do not call and ask me to do things with them.
- _____ 66. I do not get together with others outside of school or work.

Scotopic Sensitivity

- _____ 67. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.
- _____ 68. I become tired and/or experience headaches, mood changes, feel restless, or have an inability to stay focused with bright or fluorescent lights.
- _____ 69. I have trouble reading words that are on white, glossy paper.
- _____ 70. When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive.
- _____ 71. I feel tense, tired, sleepy, or even get headaches with reading.
- _____ 72. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving.

Sensory Integration Issues

- _____ 73. I seem to be more sensitive to the environment than are other people.
- _____ 74. I am more sensitive to noise than are other people.
- _____ 75. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing.
- _____ 76. I have an unusual sensitivity to certain smells.
- _____ 77. I have an unusual sensitivity to light.
- _____ 78. I am sensitive to movement or crave spinning activities.
- _____ 79. I tend to be clumsy or accident-prone.