

Neurobehavioral Symptom Inventory (NSI)

Please rate the following symptoms with regard to how much they have disturbed you IN THE LAST 2 Weeks.
The purpose of this inventory is to track symptoms over time. Please do not attempt to score.

0 = None – Rarely if ever present; not a problem at all

1 = Mild – Occasionally present, but it does not disrupt my 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 somewhat concerned.

3 = Severe – Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel I need help.

4 = Very Severe – Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.

| Symptoms | 0 | 1 | 2 | 3 | 4 |
|--------------------------------------------------------------------|---|---|---|---|---|
| Feeling Dizzy | 0 | 0 | 0 | 0 | 0 |
| Loss of balance | 0 | 0 | 0 | 0 | 0 |
| Poor coordination, clumsy | 0 | 0 | 0 | 0 | 0 |
| Headaches | 0 | 0 | 0 | 0 | 0 |
| Nausea | 0 | 0 | 0 | 0 | 0 |
| Vision problems, blurring, trouble seeing | 0 | 0 | 0 | 0 | 0 |
| Sensitivity to light | 0 | 0 | 0 | 0 | 0 |
| Hearing difficulty | 0 | 0 | 0 | 0 | 0 |
| Sensitivity to noise | 0 | 0 | 0 | 0 | 0 |
| Numbness or tingling on parts of my body | 0 | 0 | 0 | 0 | 0 |
| Change in taste and/or smell | 0 | 0 | 0 | 0 | 0 |
| Loss of appetite or increased appetite | 0 | 0 | 0 | 0 | 0 |
| Poor concentration, can't pay attention, easily distracted | 0 | 0 | 0 | 0 | 0 |
| Forgetfulness, can't remember things | 0 | 0 | 0 | 0 | 0 |
| Difficulty making decisions | 0 | 0 | 0 | 0 | 0 |
| Slowed thinking, difficulty getting organized, can't finish things | 0 | 0 | 0 | 0 | 0 |
| Fatigue, loss of energy, getting tired easily | 0 | 0 | 0 | 0 | 0 |
| Difficulty falling or staying asleep | 0 | 0 | 0 | 0 | 0 |
| Feeling anxious or tense | 0 | 0 | 0 | 0 | 0 |
| Feeling depressed or sad | 0 | 0 | 0 | 0 | 0 |
| Irritability, easily annoyed | 0 | 0 | 0 | 0 | 0 |
| Poor frustration tolerance, feeling easily overwhelmed by things | 0 | 0 | 0 | 0 | 0 |

Date:

Name:

Medical Record #: