

# Progress Tracking

Complete the CE Checklist for Customized Symptoms



### Generic Positive Symptom Tracking

<input type="checkbox"/>	Concentration	<input type="checkbox"/>	Short Term Memory
<input type="checkbox"/>	Quality Of Sleep	<input type="checkbox"/>	Appetite
<input type="checkbox"/>	Motivation/Energy	<input type="checkbox"/>	Positive Moods
<input type="checkbox"/>	Patience	<input type="checkbox"/>	Assertiveness



### Generic Negative Symptom Tracking

<input type="checkbox"/>	Restlessness	<input type="checkbox"/>	Worry/Negative Thinking
<input type="checkbox"/>	Negative Moods*	<input type="checkbox"/>	Negative Emotions*
<input type="checkbox"/>	Pain/Physical Discomfort	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Irritability	<input type="checkbox"/>	Impulsivity**



### Sleep Tracking

<input type="checkbox"/>	Teeth grinding	<input type="checkbox"/>	Difficulty falling asleep
<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	Difficulty staying sleep
<input type="checkbox"/>	Periodic leg movements	<input type="checkbox"/>	Difficulty waking up
<input type="checkbox"/>	Restless leg	<input type="checkbox"/>	Dysregulated sleep cycle
<input type="checkbox"/>	Restless sleep	<input type="checkbox"/>	Narcolepsy
<input type="checkbox"/>	Sleep apnea	<input type="checkbox"/>	Night sweats
<input type="checkbox"/>	Sleep walking	<input type="checkbox"/>	Night terrors
<input type="checkbox"/>	Snoring	<input type="checkbox"/>	Nightmares or vivid dreams
<input type="checkbox"/>	Talking during sleep		



### Concentration Tracking

<input type="checkbox"/>	Difficulty completing tasks	<input type="checkbox"/>	Not listening
<input type="checkbox"/>	Difficulty following directions	<input type="checkbox"/>	Poor concentration
<input type="checkbox"/>	Difficulty making decisions	<input type="checkbox"/>	Poor drawing ability
<input type="checkbox"/>	Difficulty organizing personal time or space	<input type="checkbox"/>	Poor math
<input type="checkbox"/>	Difficulty remembering names	<input type="checkbox"/>	Poor short-term memory
<input type="checkbox"/>	Difficulty shifting attention	<input type="checkbox"/>	Poor sustained attention
<input type="checkbox"/>	Difficulty shifting tasks	<input type="checkbox"/>	Poor verbal expression
<input type="checkbox"/>	Difficulty thinking clearly	<input type="checkbox"/>	Poor vocabulary
<input type="checkbox"/>	Difficulty understanding conversations	<input type="checkbox"/>	Poor word finding

☒	Distractibility	☒	Reading difficulty
☒	Lack of alertness	☒	Slow thinking
☒	Lacking common sense	☒	Unmotivated
☒	Messy handwriting		



### Sensory Tracking

☒	Auditory hypersensitivity	☒	Tinnitus
☒	Chemical sensitivities	☒	Vertigo
☒	Motion sickness	☒	Visual deficits
☒	Poor body awareness	☒	Visual hypersensitivity
☒	Somatosensory deficits		



### Behavior Tracking

☒	Addictive behaviors	☒	Lack of sense of humor
☒	Aggressive behavior	☒	Lack of social interest
☒	Anorexia	☒	Manipulative behavior
☒	Autistic stimming	☒	Motor or vocal tics
☒	Binging and purging	☒	Nail biting
☒	Class clown	☒	Oppositional or defiant behavior
☒	Compulsive behaviors	☒	Poor eye contact
☒	Compulsive eating	☒	Poor grooming
☒	Crying	☒	Poor social or emotional reciprocity
☒	Excessive talking	☒	Poor Speech articulation
☒	Hyperactivity	☒	Rages
☒	Impulsivity	☒	Self-injurious behavior
☒	Inflexibility	☒	Stuttering
☒	Lack of appetite awareness	☒	Trouble doing anything because felt bad



### Emotion Tracking

☒	Agitation	☒	Anger
☒	Lack of emotional awareness	☒	Anxiety
☒	Lack of pleasure	☒	Depression
☒	Lack of social awareness	☒	Difficult to soothe
☒	Low self-esteem	☒	Dissociative episodes
☒	Mania	☒	Easily embarrassed
☒	Mood swings	☒	Emotional reactivity
☒	Obsessive negative thoughts	☒	Fears

☺	Obsessive worries	☺	Feelings of unreality
☺	Panic attacks	☺	Flashbacks of trauma
☺	Paranoia	☺	Impatience
☺	Suicidal thoughts	☺	Phobias
☺	Sexual indifference		



### Emotion 2 Tracking

☺	Worry	☺	Victim Mentality
☺	Socially Inappropriate	☺	Socially Cavalier
☺	Self-Deprecation	☺	Passive Aggressiveness
☺	Over control of Emotion	☺	Irritability
☺	Hyperactive Attention	☺	Hyper vigilance
☺	Hyper arousal	☺	Excessive Self-Concern
☺	Excessive Rationalization	☺	Emotionally Impulsive
☺	Emotional Rumination	☺	Dislike of Novelty.



### Cognitive Tracking

☺	Attention Problems	☺	Auditory Tone Processing Problems
☺	Auditory Verbal Sequence Problems	☺	Categorization Problems
☺	Decision Making Problems	☺	Declarative & Episodic Memory Problems
☺	Digit Span Problems	☺	Event Sequence Problems
☺	Math Problems (Acalcula)	☺	Motivation Problems
☺	Poor Dialogue Organization	☺	Poor Facial Recognition
☺	Poor Figure Memory	☺	Problem Solving Difficulties
☺	Procedural Memory Problems	☺	Reading Comprehension
☺	Short Term Memory Difficulty	☺	Short Term Verbal Memory Problems
☺	Short Term Visual Memory Problems	☺	Spatial Sequencing Problems
☺	Tone Sequence Problems	☺	Verbal Sequencing Problems
☺	Working Memory Problems		



### Physical Tracking 1

☺	Allergies	☺	Nausea
☺	Asthma	☺	PMS symptoms
☺	Chronic constipation	☺	Poor balance
☺	Clumsiness	☺	Poor fine motor coordination
☺	Difficulty walking or moving	☺	Poor gross motor coordination
☺	Difficulty working	☺	Reflux

<input type="checkbox"/> Effort fatigue	<input type="checkbox"/> Rigidity
<input type="checkbox"/> Encopresis	<input type="checkbox"/> Seizures
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Skin rashes
<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Spasticity
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Stress incontinence



### Physical Tracking 2

<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Sugar craving and reactivity
<input type="checkbox"/> Immune deficiency	<input type="checkbox"/> Sweating
<input type="checkbox"/> Irritable bowel	<input type="checkbox"/> Tachicardia
<input type="checkbox"/> Low muscle tone	<input type="checkbox"/> Tremor
<input type="checkbox"/> Muscle tension	<input type="checkbox"/> Urge incontinence
<input type="checkbox"/> Muscle twitches	<input type="checkbox"/> Abdominal bloating
<input type="checkbox"/> Always sickly	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Amnesia	<input type="checkbox"/> Anxiety attacks
<input type="checkbox"/> Labored breathing	<input type="checkbox"/> Aphonia (loss of voice above a whisper)
<input type="checkbox"/> Lump in throat	<input type="checkbox"/> Menstrual irregularity
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Paralysis



### Physical Tracking 3

<input type="checkbox"/> Ringing in ears	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Spasms	<input type="checkbox"/> Sudden weight fluctuation
<input type="checkbox"/> Excessive menstrual bleeding	<input type="checkbox"/> Unconsciousness
<input type="checkbox"/> Urinary retention	<input type="checkbox"/> Fainting spells
<input type="checkbox"/> Visual blurring	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Fits or convulsions	<input type="checkbox"/> Food intolerances
<input type="checkbox"/> Weakness	<input type="checkbox"/> Frigidity (absence of orgasm)
<input type="checkbox"/> Weight loss	<input type="checkbox"/> Indigestion
<input type="checkbox"/> Heartburn	



### Pain Tracking

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Muscle pain
<input type="checkbox"/> Chronic aching pain	<input type="checkbox"/> Muscle tension headaches
<input type="checkbox"/> Chronic nerve pain	<input type="checkbox"/> Sciatica
<input type="checkbox"/> Fibromyalgia pain	<input type="checkbox"/> Sinus headaches
<input type="checkbox"/> Jaw pain	<input type="checkbox"/> Stomach aches
<input type="checkbox"/> Joint pain	<input type="checkbox"/> Trigeminal neuralgia
<input type="checkbox"/> Headaches	<input type="checkbox"/> Burning pains in rectum, vagina, or mouth

€	Extremity pain	€	Other bodily pains
€	Chest pains	€	Dysmenorrhea (painful menstruation)
€	Dysmenorrhea-other	€	Dyspareunia (painful sexual intercourse)
€	Dysuria (painful urination)		