

# 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

☞ Difficulty shifting attention	☞ Poor sustained attention
☞ Difficulty shifting tasks	☞ Poor verbal expression
☞ Difficulty thinking clearly	☞ Poor vocabulary
☞ Difficulty understanding conversations	☞ 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

<input type="checkbox"/>	Agitation	<input type="checkbox"/>	Anger
<input type="checkbox"/>	Lack of emotional awareness	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Lack of pleasure	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Lack of social awareness	<input type="checkbox"/>	Difficult to soothe
<input type="checkbox"/>	Low self-esteem	<input type="checkbox"/>	Dissociative episodes
<input type="checkbox"/>	Mania	<input type="checkbox"/>	Easily embarrassed
<input type="checkbox"/>	Mood swings	<input type="checkbox"/>	Emotional reactivity
<input type="checkbox"/>	Obsessive negative thoughts	<input type="checkbox"/>	Fears
<input type="checkbox"/>	Obsessive worries	<input type="checkbox"/>	Feelings of unreality
<input type="checkbox"/>	Panic attacks	<input type="checkbox"/>	Flashbacks of trauma
<input type="checkbox"/>	Paranoia	<input type="checkbox"/>	Impatience
<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	Phobias
<input type="checkbox"/>	Sexual indifference		














## Emotion 2 Tracking

<input type="checkbox"/>	Worry	<input type="checkbox"/>	Victim Mentality
<input type="checkbox"/>	Socially Inappropriate	<input type="checkbox"/>	Socially Cavalier
<input type="checkbox"/>	Self-Deprecation	<input type="checkbox"/>	Passive Aggressiveness
<input type="checkbox"/>	Over control of Emotion	<input type="checkbox"/>	Irritability
<input type="checkbox"/>	Hyperactive Attention	<input type="checkbox"/>	Hyper vigilance
<input type="checkbox"/>	Hyper arousal	<input type="checkbox"/>	Excessive Self-Concern
<input type="checkbox"/>	Excessive Rationalization	<input type="checkbox"/>	Emotionally Impulsive
<input type="checkbox"/>	Emotional Rumination	<input type="checkbox"/>	Dislike of Novelty.



## Cognitive Tracking

<input type="checkbox"/>	Attention Problems	<input type="checkbox"/>	Auditory Tone Processing Problems
<input type="checkbox"/>	Auditory Verbal Sequence Problems	<input type="checkbox"/>	Categorization Problems
<input type="checkbox"/>	Decision Making Problems	<input type="checkbox"/>	Declarative & Episodic Memory Problems
<input type="checkbox"/>	Digit Span Problems	<input type="checkbox"/>	Event Sequence Problems
<input type="checkbox"/>	Math Problems (Acalcula)	<input type="checkbox"/>	Motivation Problems
<input type="checkbox"/>	Poor Dialogue Organization	<input type="checkbox"/>	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
 Effort fatigue	 Rigidity
 Encopresis	 Seizures
 Fatigue	 Skin rashes
 Heart palpitations	 Spasticity
 High blood pressure	 Stress incontinence



### Physical Tracking 2

 Hot flashes	 Sugar craving and reactivity
 Immune deficiency	 Sweating
 Irritable bowel	 Tachicardia
 Low muscle tone	 Tremor
 Muscle tension	 Urge incontinence
 Muscle twitches	 Abdominal bloating
 Always sickly	 Insomnia
 Amnesia	 Anxiety attacks
 Labored breathing	 Aphonia (loss of voice above a whisper)
 Lump in throat	 Menstrual irregularity
 Bulimia	 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
<input type="checkbox"/> Extremity pain	<input type="checkbox"/> Other bodily pains
<input type="checkbox"/> Chest pains	<input type="checkbox"/> Dysmenorrhea (painful menstruation)
<input type="checkbox"/> Dysmenorrhea-other	<input type="checkbox"/> Dyspareunia (painful sexual intercourse)
<input type="checkbox"/> Dysuria (painful urination)	