

**MAGNIFICENT MIND
AT ANY AGE
Master Questionnaire**

Plus

**HEALING ADD AND HEALING
ANXIETY AND DEPRESSION
TYPES Questionnaires**

And

**HOW IS YOUR MEMORY?
Screening Questionnaire**

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MAGNIFICENT MIND AT ANY AGE

Master Questionnaire

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The *Magnificent Mind At Any Age Master Questionnaire* will be a great start to helping you evaluate the health and well being of your brain. Plus, it will lead you to specific parts of the program that may be most helpful for you.

Think of this tool as the beginning of making your mind magnificent at any age and having the best brain possible. For many years I have realized that not everyone is able to get a brain scan to check on the health of their brain. So, in order to bring the life-changing information that I have learned through our imaging work to the most people I have developed a series of questionnaires to help predict the areas of strengths and vulnerabilities of the brain.

Feel free to give these questionnaires to your friends and family members. Brain healthy friends and families are happier friends and families.

A word of caution is in order. Self-report questionnaires have advantages and limitations. They are quick and easy to score. On the other hand, people filling them out may portray themselves in a way they want to be perceived, resulting in self-report bias. For example, some people exaggerate their experience and mark all of the symptoms as frequent, in essence saying, "I'm glad to have a real problem so that I can get help, be sick, or have an excuse for the troubles I have." Others are in total denial. They do not want to see any personal flaws and they do not check any symptoms as significantly problematic, in essence saying, "I'm okay. There's nothing wrong with me. Leave me alone." Not all self-report bias is intentional. People may genuinely have difficulty recognizing problems and expressing how they feel. Sometimes family members or friends are better at evaluating a loved one's level of functioning than a person evaluating himself or herself. They may have noticed things that their loved one hasn't.

Questionnaires of any sort should never be used as the only assessment tool. Use this one as a catalyst to help you think, ask better questions and get more evaluation if needed. Always discuss any recommendations with your personal physician.

MAGNIFICENT MIND AT ANY AGE

Master Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give yourself the most complete picture, have another person who knows you well (such as a spouse, lover, or parent) rate you as well. List other person _____

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

Other Self

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Trouble sustaining attention |
| _____ | _____ | 2. Lacks attention to detail |
| _____ | _____ | 3. Easily distracted |
| _____ | _____ | 4. Procrastination |
| _____ | _____ | 5. Lacks clear goals |
| _____ | _____ | 6. Restless |
| _____ | _____ | 7. Difficulty expressing empathy for others |
| _____ | _____ | 8. Blurts out answers, interrupts frequently |
| _____ | _____ | 9. Impulsive (saying or doing things without thinking first) |
| _____ | _____ | 10. Needs caffeine or nicotine in order to focus |
| _____ | _____ | 11. Gets stuck on negative thoughts |
| _____ | _____ | 12. Worries excessively |
| _____ | _____ | 13. Tendency toward compulsive or addictive behaviors |
| _____ | _____ | 14. Holds grudges |
| _____ | _____ | 15. Upset when things do not go your way |
| _____ | _____ | 16. Upset when things are out of place |
| _____ | _____ | 17. Tendency to be oppositional or argumentative |
| _____ | _____ | 18. Dislikes change |
| _____ | _____ | 19. Needing to have things done a certain way or you become very upset |
| _____ | _____ | 20. Trouble seeing options in situations |
| _____ | _____ | 21. Feeling sad |
| _____ | _____ | 22. Being negative |
| _____ | _____ | 23. Feeling dissatisfied |
| _____ | _____ | 24. Feeling bored |
| _____ | _____ | 25. Low energy |
| _____ | _____ | 26. Decreased interest in things that are usually fun or pleasurable |
| _____ | _____ | 27. Feelings of hopelessness, helplessness, worthlessness, or guilt |
| _____ | _____ | 28. Crying spells |
| _____ | _____ | 29. Chronic low self-esteem |
| _____ | _____ | 30. Social isolation |
| _____ | _____ | 31. Feelings of nervousness and anxiety |
| _____ | _____ | 32. Feelings of panic |

- _____ 33. Symptoms of heightened muscle tension, such as headaches or sore muscles
- _____ 34. Tendency to predict the worst
- _____ 35. Avoid conflict
- _____ 36. Excessive fear of being judged or scrutinized by others
- _____ 37. Excessive motivation, trouble stopping work
- _____ 38. Lacks confidence in their abilities
- _____ 39. Always watching for something bad to happen
- _____ 40. Easily startled
- _____ 41. Short fuse
- _____ 42. Periods of heightened irritability
- _____ 43. Misinterprets comments as negative when they are not
- _____ 44. Déjà vu (feelings of being somewhere you have never been)
- _____ 45. Sensitivity or mild paranoia
- _____ 46. History of a head injury
- _____ 47. Dark thoughts, may involve suicidal or homicidal thoughts
- _____ 48. Periods of forgetfulness or memory problems
- _____ 49. Trouble finding to right word to say
- _____ 50. Unstable moods
- _____ 51. Snores loudly or others complain about your snoring
- _____ 52. Other say you stop breathing when you sleep
- _____ 53. Feel fatigued or tired during the day
- _____ 54. Feel cold when others feel fine or they are warm
- _____ 55. Problems with brittle, dry hair, or thinning hair
- _____ 56. Problems with dry skin
- _____ 57. Increase in weight even with low calorie diet
- _____ 58. Chronic problems with tiredness
- _____ 59. Require excessive amounts of sleep to function properly
- _____ 60. Difficult or infrequent bowel movements
- _____ 61. Morning headaches that wear off as the day progresses
- _____ 62. Lack of motivation or mental sluggishness
- _____ 63. Feel warm when others feel fine or they are cold
- _____ 64. Night sweats or problems sweating during the day
- _____ 65. Heart palpitations
- _____ 66. Bulging eyes
- _____ 67. Inward trembling
- _____ 68. Increased pulse rate even at rest
- _____ 69. Insomnia
- _____ 70. Difficulty gaining weight
- _____ 71. Crave sweets during the day
- _____ 72. Irritable if meals are missed
- _____ 73. Depend on coffee to get you started/keep you going
- _____ 74. Get lightheaded if meals are missed
- _____ 75. Eating relieves fatigue
- _____ 76. Feel shaky, jittery, tremors
- _____ 77. Agitated, easily upset, nervous
- _____ 78. Poor memory, forgetful

- _____ 79. Blurred vision
- _____ 80. Decreased sex drive
- _____ 81. Decreased muscle mass and strength
- _____ 82. Loss of body hair
- _____ 83. Abdominal fat (pot belly)
- _____ 84. Decreased bone mass that may lead to osteoporosis
- _____ 85. Light sensitive and bothered by glare, sunlight, headlights or streetlights
- _____ 86. Become tired and/or experience headaches, mood changes, feel restless, or have an inability to stay focused with bright or fluorescent lights
- _____ 87. Have trouble reading words that are on white, glossy paper
- _____ 88. When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive
- _____ 89. Feel tense, tired, sleepy, or even get headaches with reading
- _____ 90. Have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving
- _____ 91. Night driving is hard
- _____ 92. Increased appetite, binge eating
- _____ 93. Winter depression (mood problems tend to occur in the fall and winter months and recede in the spring and summer)
- _____ 94. Diet is poor and tends to be haphazard
- _____ 95. Do not exercise
- _____ 96. Put myself at risk for brain injuries, by doing such things as not wearing my seat belt, drinking and driving, engaging in high risk sports, etc
- _____ 97. Live under daily or chronic stress, in my home or work life
- _____ 98. Thoughts tend to be negative, worried or angry
- _____ 99. Problems getting at least six to seven hours of sleep a night
- _____ 100. Smoke or am exposed to second hand smoke
- _____ 101. Drink or consume more than two cups of coffee, tea or dark sodas a day
- _____ 102. Use aspartame and/or MSG
- _____ 103. Spends time around environmental toxins, such as paint fumes, hair or nail salon fumes or pesticides
- _____ 104. Spend more than one hour a day watching TV
- _____ 105. Spend more than one hour a day playing video games
- _____ 106. Outside of work time, spend more than one hour a day on the computer
- _____ 107. Consume more than three normal size drinks of alcohol a week

MAGNIFICENT MIND AT ANY AGE

Master Questionnaire

Answer Key

Place the number of questions you, or a significant other, answered “3” or “4” in the space provided.

_____ 1 – 10 Prefrontal cortex (PFC) problems, read more about PFC on page 11.

_____ 11 – 20 Anterior cingulate gyrus (ACG) problems, read more about ACG on page 12.

_____ 21 – 30 Deep limbic system (DLS) problems, read more about DLS on page 14.

_____ 31 – 40 Basal ganglia (BG) problems, read more about BG on page 13.

_____ 41 – 50 Temporal lobe (TL) problems, read more about TL on page 15.

For the five brain systems above, find below the likelihood that a problem exists. If there is a potential problem see the corresponding section of the book or summary sheets.

5 questions = Highly probable

3 questions = Probable

2 questions = May be possible

_____ 51 – 53 Sleep apnea. If you answered one or more of these questions with a score of “3” or “4” you may have sleep apnea. Sleep apnea occurs when people stop breathing multiple times during the night. It causes significant oxygen deprivation for the brain and people often feel tired and depressed. This condition is best evaluated by a sleep study in a specialized sleep laboratory. Treating sleep apnea often makes a positive difference in mood and energy. If you suspect a problem talk to your physician.

_____ 54 – 62 Hypothyroid. If you answered three or more questions with a score of “3” or “4” low thyroid issues should be evaluated by your physician. Low thyroid problems can cause symptoms of anxiety, depression, memory problems, and mental fatigue.

_____ 63 – 70 Hyperthyroid. If you answered three or more questions with a score of “3” or “4” high thyroid issues should be evaluated by your physician. Excessive thyroid problems can cause symptoms of anxiety, agitation, irritability, and depression.

_____ 71 – 79 Hypoglycemia. If you answered three or more questions with a score of “3” or “4” low blood sugar states should be evaluated by your physician. Low blood sugar or hypoglycemia can cause symptoms of anxiety and lethargy. Eating four to five small meals a

day, as well as eliminating most of the simple sugars in your diet (such as sugar, bread, pasta, potatoes, and rice) can be very helpful to balance your mood and anxiety levels.

_____ 80 – 84 Low Testosterone Levels. If you answered two or more questions with a score of “3” or “4” low testosterone issues should be evaluated by your physician. Low testosterone levels can cause symptoms of low energy, depression, moodiness, and low libido, as well as the other symptoms. Getting this condition properly diagnosed and treated can make a significant positive difference in the lives of both men and women.

_____ 85 – 91 Scotopic Sensitivity Syndrome. If you answered three or more questions with a score of “3” or “4” you may have Scotopic Sensitivity Syndrome (SSS). SSS occurs when the brain is overly sensitive to certain colors of light. This can cause headaches, anxiety, depression, problems reading, and depth perception issues. Getting this condition properly diagnosed and treated can make a significant difference for your mental and physical health. To learn more about the diagnosis and treatment of SSS go to www.irlen.com. Most physicians do not know about this disorder, so please do not rely on them for accurate information.

_____ 92 Carbohydrate Cravings. If you answered this question with a score of “3” or “4” carbohydrate cravings may be a problem. Research has found that some people respond nicely to taking the supplement chromium picolintae, 400-600 micrograms a day.

_____ 93 Seasonal Mood Disorder. If you answered this question with a score of “3” or “4” you may have a seasonal mood disorder. Getting outside during daylight hours can be helpful, along with sitting in front of special “full spectrum light therapy” devices for thirty minutes in the morning. See <http://www.mayoclinic.com/health/seasonal-affective-disorder/MH00023> for more information.

_____ 94 – 107 Bad Brain Habit Questions. For these questions add up your total score, not just the ones you answered 3 or 4.

If you score between 0 – 6 then odds are you have very good brain habits. Congratulations!

If you score between 7 – 12 odds are you are doing well, but you can work to be better.

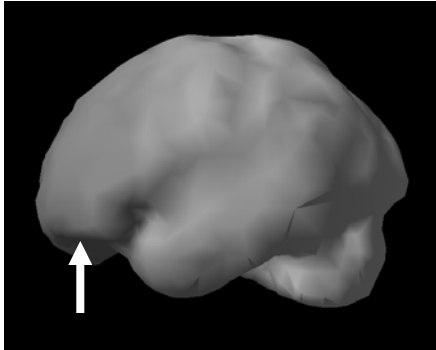
If you score between 13 – 20 your brain habits are not good and you are prematurely aging your brain. A better brain awaits you.

If you score more than 20 you have poor brain habits and it is time to be concerned. A brain makeover may just change your life!

HEALING THE BRAIN

Amen Clinics Quick Reference Summaries

Prefrontal Cortex (PFC)



The PFC is the chief executive officer of the brain. It is involved with forethought, judgment and impulsive e control. Problems in this part of the brain are associated with impulsivity, short attention span, distractibility and difficulties with organization and planning. We have seen a strong correlation with these questions and ADD. It may also be associated with certain types of depression, head injuries and toxic exposure.

PFC Functions

Attention
 Planning
 Follow through
 Impulse control
 Inhibition
 Judgment
 Empathy

PFC Problems

Inattention
 Lack of forethought
 Procrastination
 Impulsive
 Disinhibited
 Poor judgment
 Lack of empathy

Some Conditions Affecting the PFC

ADHD	Depression
Brain Trauma	Dementia
Schizophrenia	Antisocial Personality
Conduct disorders	Borderline Personality

PFC Supplements

ADD – L-tyrosine (Neuro-Stim), Zinc
 Depression – SAME (NeuroSAME)
 Fish oil – NeuroEPA

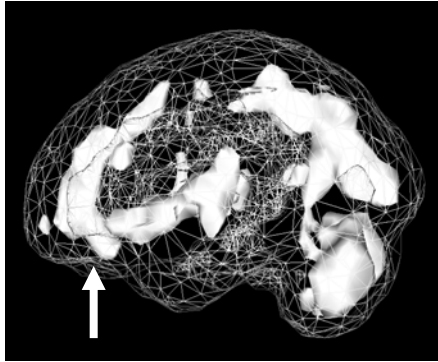
PFC Meds

For ADD – stimulants, such as Adderall or Ritalin
 For Depression – Wellbutrin
 For Low Energy – Provigil

HEALING THE BRAIN

Amen Clinics Quick Reference Summaries

Anterior Cingulate Gyrus (ACG)



The ACG is the brain's gear shifter. It helps us shift our attention from task to task and idea to idea. It is involved with cognitive flexibility, going with the flow, cooperation and error detection. High scores on this checklist are associated with problems shifting attention which may be manifested by cognitive inflexibility, obsessive thoughts, compulsive behaviors, excessive worrying, being argumentative or oppositional and "getting stuck" on certain thoughts or actions.

ACG Functions

Brain's gear shifter
Cognitive flexibility
Cooperation
Go from idea to idea
See options
Go with the flow
Error detection

ACG Problems

Gets stuck
Inflexible, worries
Holds grudges
Obsesses
Compulsions
Argumentative
Sees too many errors
Oppositional

Some Conditions Affecting the ACG

OCD	Anxiety disorders
Addictions	PMS
Eating Disorders	Chronic pain
PTSD	Oppositional Defiant

ACG Supplements

Worry and Insomnia – 5HTP (Neuro5HTP)
Depression – St. John's Wort or 5HTP
Fish oil

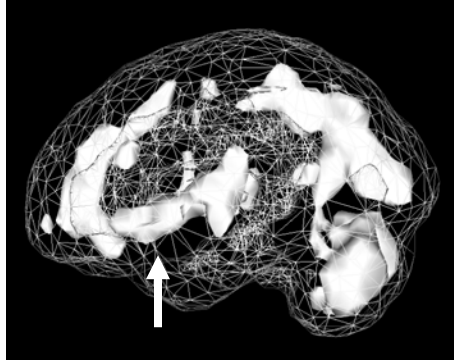
ACG Meds

For Worry, Anxiety and Depression – SSRIs, such as Lexapro, Paxil, Zoloft, Celexa, Prozac, and Luvox

HEALING THE BRAIN

Amen Clinics Quick Reference Summaries

Basal Ganglia (BG)



The BG helps set the brain's idle or anxiety level. Increased activity in this part of the brain is often associated with anxiety (left sided problems are often associated with irritability, right sided problems more often associated with inwardly directed anxiety). We have seen relaxation therapies, such as biofeedback and hypnosis, and cognitive therapies help calm this part of the brain. If clinically indicated, too much activity here may be helped by antianxiety supplements such as GABA, kava kava or valerian or medications, such as buspirone. Sometimes, anti-seizure medications can also be helpful.

BG Functions

Sense of calm
Sets anxiety level
Conflict avoidance
Motor muscle movements

BG Problems

Tension, nervousness
Anxiety/panic
Predicting the worst
Tics

Some Conditions Affecting the BG

OCD	Anxiety disorders
Panic	Tourette's
PTSD	

BG Supplements

For Anxiety – GABA (NeuroCalm), valerian, kava kava, theanine, fish oil

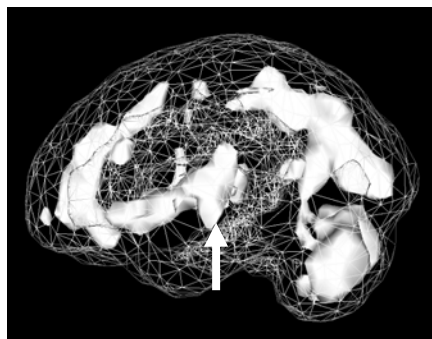
BG Meds

For Anxiety – Buspar, anti-seizure meds, some blood pressure meds, such as propranolol may help

HEALING THE BRAIN

Amen Clinics Quick Reference Summaries

Deep Limbic System (DLS)



About the size of a walnut, the DLS is involved in setting a person's emotional tone. When the DLS is less active, there is generally a positive, more hopeful state of mind. When it is heated up, or overactive, negativity can take over. Due to this emotional shading, the DLS provides the filter through which you interpret the events of the day; it tags or colors events, depending on the emotional state of mind. The DLS also affects motivation and drive. Overactivity in this area is associated with depression.

The DLS also directly processes the sense of smell. Because your sense of smell goes directly to the deep limbic system, it is easy to see why smells can have such a powerful impact on our states of feeling. The problems in the DLS are associated with depression and negativity along with low motivation, libido, and energy.

DLS Functions

Mood control
 Charged memories
 Motivation
 Sets emotional tone
 Bonding
 Sense of smell
 Libido

DLS Problems

Depression, sadness
 Negative, irritability
 Low motivation
 Negativity, blame, guilt
 Social isolation
 Low self-esteem
 Low libido
 Low energy
 Decreased interest
 Worthlessness
 Hopelessness
 Mood cycles

Some Conditions Affecting the DLS

Depression Cyclic mood disorders
 Pain syndromes

DLS Supplements

For Depression – SAME (NeuroSAME), fish oil, DL-phenylalanine, L-tyrosine (NeuroStim)

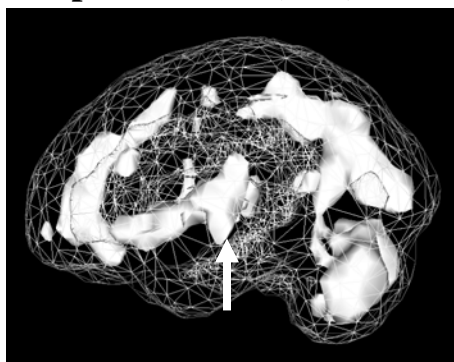
DLS Meds

For Depression – antidepressants, such as Wellbutrin, Effexor or Cymbalta, SSRIs (if high ACG also present); anticonvulsants or lithium for cyclic mood changes

HEALING THE BRAIN

Amen Clinics Quick Reference Summaries

Temporal Lobes (TLs)



The temporal lobes, underneath your temples and behind your eyes, are involved with language (hearing and reading), reading social cues, short-term memory, getting memories into long term storage, processing music and tone of voice, and mood stability. They also help with recognizing objects by sight and naming them. It is called the “What Pathway” in the brain, as it is involved with recognition and naming objects and faces. In addition, the temporal lobes, especially on the right side, have been implicated in spiritual experience and insight. Experiments

that stimulate the right temporal lobe have demonstrated increased religious or spiritual experiences, such as feeling God’s presence.

Trouble in the temporal lobes leads to both short and long term memory problems, reading difficulties, trouble finding the right words in conversation, trouble reading social cues, mood instability, and sometimes religious or moral preoccupation or perhaps a lack of spiritual sensitivity. The temporal lobes, especially on the left side, have been associated with temper problems. Abnormal (high or low) activity in this part of the brain is often due to a deficiency in the neurotransmitter GABA and balancing it through supplements or medications is often helpful.

TL Functions

Language
Memory
Retrieval of words
Reading
Mood stability
Recognize words
Read social cues
Rhythm
Temper control
Spiritual experience

TL Problems

Language problems
Memory problems
Word finding problems
Dyslexia
Mood instability
Anxiety for no reason
Trouble with social cues
Dark thoughts
Aggression
Learning problems
Illusions
Excess religious ideas

Some Conditions Affecting the TLs

Head injury	Dissociation
Anxiety	Temporal epilepsy
Amnesia	Serious depression
Dyslexia	Dark or suicidal thoughts
Religiosity	

TL Supplements

For Mood Stability, Irritability or Anxiety – GABA (NeuroCalm), valerian, fish oil (NeurOmega)
For Memory – Gingko biloba (Brain Vitale), huperazine (NeuroMemory), phosphatidil serine (PS), fish oil

TL Meds

For Mood Stability, Irritability and Anxiety – anti-seizure medications, such as Depakote, Neurontin, Tegretol, and Lamictal
For Memory -- memory enhancing medications for more serious memory problems, such as Namenda, Aricept, Exelon or Reminyl

AMEN CLINICS ADD TYPE Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give yourself the most complete picture, have another person who knows you well (such as a spouse, lover, or parent) rate you as well. List other person _____

0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/known

Other Self

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Easily distracted |
| _____ | _____ | 2. Difficulty sustaining attention span for most tasks in play, school, or work |
| _____ | _____ | 3. Trouble listening when others are talking |
| _____ | _____ | 4. Difficulty following through (procrastination) on tasks or instructions |
| _____ | _____ | 5. Difficulty keeping an organized area (room, desk, book bag, filing cabinet, locker, etc.) |
| _____ | _____ | 6. Has trouble with time, for example, frequently late or hurried, tasks take longer than expected, projects or homework are “last minute” or turned in late |
| _____ | _____ | 7. Tendency to lose things |
| _____ | _____ | 8. Makes careless mistakes, poor attention to detail |
| _____ | _____ | 9. Forgetful |
| _____ | _____ | 10. Excessive daydreaming |
| _____ | _____ | 11. Complains of being bored |
| _____ | _____ | 12. Appears apathetic or unmotivated |
| _____ | _____ | 13. Tired, sluggish, or slow moving |
| _____ | _____ | 14. Spacey or seems preoccupied |
| _____ | _____ | 15. Restless or hyperactive |
| _____ | _____ | 16. Trouble sitting still |
| _____ | _____ | 17. Fidgety, constant motion (hands, feet, body) |
| _____ | _____ | 18. Noisy, hard time being quiet |
| _____ | _____ | 19. Acts as if "driven by a motor" |
| _____ | _____ | 20. Talks excessively |
| _____ | _____ | 21. Impulsive (doesn't think through comments or actions before they are said or done) |
| _____ | _____ | 22. Has difficulty awaiting turn |
| _____ | _____ | 23. Interrupts or intrudes on others (e.g., butts into conversations or games) |
| _____ | _____ | 24. Excessive or senseless worrying |
| _____ | _____ | 25. Superorganized |
| _____ | _____ | 26. Oppositional, argumentative |
| _____ | _____ | 27. Strong tendency to get locked into negative thoughts, having the same thought over and over |
| _____ | _____ | 28. Tendency toward compulsive behavior |

- _____ 29. Intense dislike for change
- _____ 30. Tendency to hold grudges
- _____ 31. Trouble shifting attention from subject to subject
- _____ 32. Difficulties seeing options in situations
- _____ 33. Tendency to hold onto own opinion and not listen to others
- _____ 34. Tendency to get locked into a course of action, whether or not it is good for the person
- _____ 35. Needing to have things done a certain way or you become very upset
- _____ 36. Others complain that you worry too much
- _____ 37. Periods of quick temper or rages with little provocation
- _____ 38. Misinterprets comments as negative when they are not
- _____ 39. Irritability tends to build, then explodes, then recedes, often tired after a rage
- _____ 40. Periods of spaciness or confusion
- _____ 41. Periods of panic and/or fear for no specific reason
- _____ 42. Visual changes, such as seeing shadows or objects changing shape
- _____ 43. Frequent periods of déjà vu (feelings of being somewhere before even though you never have)
- _____ 44. Sensitivity or mild paranoia
- _____ 45. Headaches or abdominal pain of uncertain origin
- _____ 46. History of a head injury or family history of violence or explosiveness
- _____ 47. Dark thoughts, may involve suicidal or homicidal thoughts
- _____ 48. Periods of forgetfulness or memory problems
- _____ 49. Short fuse or periods of extreme irritability
- _____ 50. Moodiness
- _____ 51. Negativity
- _____ 52. Low energy
- _____ 53. Frequent irritability
- _____ 54. Tendency to be socially isolated
- _____ 55. Frequent feelings of hopelessness, helplessness, or excessive guilt
- _____ 56. Lowered interest in things that are usually considered fun
- _____ 57. Sleep changes (too much or too little)
- _____ 58. Chronic low self-esteem
- _____ 59. Angry or aggressive
- _____ 60. Sensitive to noise, light, clothes or touch
- _____ 61. Frequent or cyclic mood changes (highs and lows)
- _____ 62. Inflexible, rigid in thinking
- _____ 63. Demanding to have their way, even when told no multiple times
- _____ 64. Periods of mean, nasty, or insensitive behavior
- _____ 65. Periods of increased talkativeness
- _____ 66. Periods of increased impulsivity
- _____ 67. Unpredictable behavior
- _____ 68. Grandiose or “larger than life” thinking
- _____ 69. Talks fast
- _____ 70. Appears that thoughts go fast
- _____ 71. Appears anxious or fearful

AMEN CLINICS ADD TYPE Questionnaire

Answer Key

For each of the groups listed below, add up the number of answers that were scored as “3” or “4” and place them on the space provided. A cutoff score is provided with each type. Some people score positively in more than one group; some even score positively in three or four groups. Use the results to help guide you through the treatment sections of the book.

1. Classic ADD (Questions 1 – 23)

Meets the criteria for both the Inattentive questions and the Hyperactivity-Impulsivity questions.

Inattentive Questions 1 – 14: six or more of a score of three or four is needed to make the diagnosis, more than four is suspicious.

Hyperactivity-Impulsivity Questions 15 – 23: six or more of a score of three or four is needed to make diagnosis, more than four is suspicious.

Inattentive Score of three or four: _____

Hyperactivity-Impulsivity Score of three or four: _____

2. Inattentive ADD (Questions 1 – 14)

Six or more of a score of three or four is needed to make the diagnosis, more than four is suspicious, but does not score six or more on the Hyperactivity-Impulsivity questions (15 – 23).

Inattentive ADD Score of three or four: _____

3. Overfocused ADD (Questions 24 – 36)

Meets the criteria for inattention (six or more on questions 1 – 14) and also scores six or more on the overfocused questions.

Overfocused ADD Score of three or four: _____

4. Temporal Lobe ADD (Questions 37 – 49)

Meets the criteria for inattention (six or more on questions 1 – 14) and also scores six or more on the temporal lobe questions.

Temporal Lobe ADD Score of three or four: _____

5. Limbic ADD (Questions 50 – 58)

Meets the criteria for inattention (six or more on questions 1 – 14) and also scores five or more on the limbic questions.

Limbic ADD Score of three or four: _____

6. Ring of Fire ADD (Questions 59 – 70)

Meets the criteria for inattention (six or more on questions 1 – 14) and also scores five or more on the Ring of Fire questions.

Ring of Fire ADD Score of three or four: _____

AMEN CLINICS SUMMARY

Six Types of ADD

Type 1. Classic ADD (ADHD) – inattentive, distractible, disorganized, hyperactive, restless, and impulsive.

Type 2. Inattentive ADD – inattentive, sluggish, slow moving, low motivation, and often described as space cadets, daydreamers, couch potatoes. Not hyperactive!

Type 3. Overfocused ADD – inattentive, trouble shifting attention, frequently get stuck in loops of negative thoughts or behaviors, obsessive, excessive worrying, inflexible, frequent oppositional and argumentative behavior. May or may not be hyperactive.

Type 4. Temporal Lobe ADD – inattentive, irritability, aggressive, dark thoughts, mood instability, and severe impulsivity. May or may not be hyperactive.

Type 5. Limbic ADD – inattentive, chronic low grade depression, negativity, “glass half empty syndrome,” low energy, and frequent feelings of hopelessness and worthlessness. May or may not be hyperactive.

Type 6. Ring of Fire ADD – inattentive, extreme distractibility, angry, irritable, overly sensitive, cyclic moodiness, hypervocal, and opposition. May or may not be hyperactive.

Knowing the right type is essential to getting the right help for you or your loved ones.

AMEN CLINICS SUMMARY

ADD Treatments

Here is a summary of the major treatments for each type.

ADD Type	Type 1. Classic ADD	Type 2. Inattentive ADD	Type 3. Overfocused ADD
Diet	higher protein, lower carbohydrate	higher protein, lower carbohydrate	lower protein, higher carbohydrate
Exercise	intense aerobic	intense aerobic	intense aerobic
Herbs and Supplements	L-tyrosine (NeuroStim), Grape Seed or Pine Bark, Zinc, Fish Oil (NeuroEPA)	L-Tyrosine (NeuroStim), Grape Seed or Pine Bark, Zinc, Fish Oil (NeuroEPA)	St. John's Wort, L-Tryptophan 5HTP, Inositol with L-Tyrosine, Zinc, Fish Oil (NeurOmega)
Medications	Stimulants, such as Adderall or Concerta	Stimulants, such as Adderall or Concerta	Serotonin enhancing meds, such as Effexor, Zoloft, Paxil, Prozac, or Luxox. May also need a stimulant

ADD Type	Type 4. Temporal Lobe ADD	Type 5. Limbic ADD	Type 6. Ring of Fire ADD
Diet	higher protein, lower carbohydrate	higher protein, lower carbohydrate	higher protein, lower carbohydrate
Exercise	intense aerobic	intense aerobic	intense aerobic
Herbs, Supplements	GABA (NeuroCalm), Ginkgo Biloba (Brain Vitale), Phosphatidylserine, Vitamin E, Piracetam, Fish Oil (NeurOmega)	DL-Phenylalanine, L-Tyrosine, SAME (NeuroSAME), Fish Oil (NeurOmega)	GABA, 5HTP, L-Tyrosine, (NeuroLink), Fish Oil (NeurOmega)
Medications	Anticonvulsants such as Depakote, Carbatrol, Neurontin, Topamax, Lamictal, Gabatril, Dilantin	Stimulating antidepressants (Norpramin, Wellbutrin,)	Either anti-convulsants as listed in type 4 or the new anti-psychotic meds, such as Risperdal or Zyprexa

AMEN CLINICS ANXIETY AND DEPRESSION TYPE Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give yourself the most complete picture, have another person who knows you well (such as a spouse, lover, or parent) rate you as well. List other person _____

0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/known

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Frequent feelings of nervousness or anxiety |
| _____ | _____ | 2. Panic attacks |
| _____ | _____ | 3. Avoid places for fear of having an anxiety attack |
| _____ | _____ | 4. Muscle tension (such as headaches or neck and shoulder tension) |
| _____ | _____ | 5. Heart pounding, nausea, or dizziness (not exercise related) |
| _____ | _____ | 6. Predicts the worst in a situation |
| _____ | _____ | 7. Persistent fears or phobias (such as dying, doing something crazy) |
| _____ | _____ | 8. Tendency to avoid conflict |
| _____ | _____ | 9. Excessive fear of being judged or scrutinized by others |
| _____ | _____ | 10. Easily startled |
| _____ | _____ | 11. Tendency to freeze in anxiety provoking or intense situations |
| _____ | _____ | 12. Shy, timid, and easily embarrassed |
| _____ | _____ | 13. Bites fingernails or picks skin |
| _____ | _____ | 14. Persistent depressed, sad, or "blue" mood |
| _____ | _____ | 15. Loss of interest or pleasure from usually fun activities, including sex |
| _____ | _____ | 16. Excessive crying |
| _____ | _____ | 17. Feelings of guilt, worthlessness, helplessness, hopelessness, or pessimism |
| _____ | _____ | 18. Trouble going to sleep or waking up too early and being unable to go back to sleep |
| _____ | _____ | 19. Decreased appetite |
| _____ | _____ | 20. Decreased energy, fatigue, feeling "slowed down" |
| _____ | _____ | 21. Thoughts of death or suicide, or suicide attempts |
| _____ | _____ | 22. Difficulty concentrating, remembering, or making decisions |
| _____ | _____ | 23. Persistent physical symptoms, such as headaches, digestive disorders, or chronic pain |
| _____ | _____ | 24. Persistent negativity or chronic low self-esteem |
| _____ | _____ | 25. Chronic low self-esteem |
| _____ | _____ | 26. Persistent feeling of being dissatisfied or bored |
| _____ | _____ | 27. Excessive or senseless worrying |
| _____ | _____ | 28. Upset when things are out of place |
| _____ | _____ | 29. Upset when things do not go the way you planned |
| _____ | _____ | 30. Tendency to be oppositional or argumentative |

- _____ 31. Tendency to have repetitive negative or anxious thoughts
- _____ 32. Tendency toward compulsive behaviors
- _____ 33. Dislike for change
- _____ 34. Tendency to hold grudges
- _____ 35. Difficulties seeing options in situations
- _____ 36. Tendency to hold on to own opinion and not listen to others
- _____ 37. Needing to have things done a certain way or you become very upset
- _____ 38. Others complain that you worry too much
- _____ 39. Tend to say no without first thinking about question
- _____ 40. Rigid
- _____ 41. Short fuse or periods of extreme irritability
- _____ 42. Misinterprets comments as negative when they are not
- _____ 43. Periods of spaciness or confusion
- _____ 44. Periods of panic and/or fear for no specific reason
- _____ 45. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- _____ 46. Frequent periods of déjà vu (feelings of being somewhere you have never been)
- _____ 47. Overly sensitive or mild paranoia
- _____ 48. Headaches or abdominal pain of uncertain origin
- _____ 49. History of a head injury
- _____ 50. Family history of violence or explosiveness
- _____ 51. Dark thoughts, may involve suicidal or homicidal thoughts
- _____ 52. Periods of forgetfulness or memory problems
- _____ 53. Reading problems
- _____ 54. Periods of abnormally elevated moods that cycle with normal or depressed moods
- _____ 55. Periods of decreased need for sleep and feel energetic despite less sleep than usual
- _____ 56. Periods of grandiose or high-flying notions
- _____ 57. Periods of increased talking or pressured speech
- _____ 58. Periods of too many thoughts racing though the mind
- _____ 59. Periods of markedly increased energy
- _____ 60. Periods of poor judgment and risk-taking behavior, different than usual behavior
- _____ 61. Periods of inappropriate social behavior
- _____ 62. Periods of irritability or aggression
- _____ 63. Periods of delusional or psychotic thinking
- _____ 64. Periods of feeling or acting hypersexual
- _____ 65. Periods of feeling or acting very religious, different than how you usually feel
- _____ 66. Periods of spending excessive amounts of money
- _____ 67. Trouble staying focused
- _____ 68. Feeling spacey or in a fog
- _____ 69. Feeling overwhelmed by tasks of daily living
- _____ 70. Feeling tired, sluggish, or slow moving
- _____ 71. Procrastination, failure to finish things
- _____ 72. Chronic boredom

- _____ 73. Loses things
- _____ 74. Easily distracted
- _____ 75. Poor planning skills
- _____ 76. Difficulty expressing thoughts and feelings
- _____ 77. Difficulty expressing empathy for others
- _____ 78. Trouble collecting your thought
- _____ 79. Trouble with organization
- _____ 80. Excessive sleeping
- _____ 81. Increased appetite, binge eating
- _____ 82. Winter depression (mood problems tend to occur in the fall and winter months and recede in the spring and summer)

AMEN CLINICS ANXIETY AND DEPRESSION TYPE Questionnaire

Answer Key

For each of the groups of questions listed below, add up the number of answers that were scored as “3” or “4” and place them on the space provided. A cutoff score is provided with each group. Some people score positively in more than one group; some score positively in three or four groups. Use the results to help guide you through the treatment sections of the program. If there is agreement between your scores and the other person’s scores who filled out the questionnaire that usually means you can trust the answers. When there is significant disagreement, it is important to understand why.

1. Pure Anxiety (Questions 1 – 13). If you have scored six or more questions with a score of “3” (frequently) or “4” (very frequently), and do not fall into any other categories, you have a high likelihood of having Pure Anxiety. If you scored three to five questions with a score of “3” or “4,” and do not fall into any other categories, you have tendencies toward Pure Anxiety.

Pure Anxiety Score of three or four: _____

2. Pure Depression (Questions 14 – 26). If you have scored six or more questions with a score of “3” (frequently) or “4” (very frequently), and do not fall into any other categories, you have a high likelihood of having Pure Depression. If you scored three to five questions with a score of “3” or “4,” and do not fall into any other categories, you have tendencies toward Pure Depression.

Pure Depression Score of three or four: _____

3. Mixed Anxiety and Depression (Questions 1 – 26). If you have scored six or more of Questions 1 – 13 with a score of “3” (frequently) or “4” (very frequently) **and** six or more of Questions 14 – 26 with a score of “3” or “4,” you have met the criteria Mixed Anxiety and Depression.

4. Overfocused Anxiety/Depression (Questions 27 – 40). Meets the criteria for pure anxiety and/or depression and also scores six or more on the overfocused anxiety/depression questions. If you scored three to five questions with a score of “3” or “4” you have tendencies toward Overfocused Anxiety/Depression.

Overfocused Score of three or four: _____

5. Temporal Lobe Anxiety/Depression (Questions 41 – 53). Meets the criteria for pure anxiety and/or depression and also scores six or more on the temporal lobe anxiety/depression questions. If you scored three to five questions with a score of “3” or “4” you have tendencies toward Temporal Lobe Anxiety/Depression.

Temporal lobe Score of three or four: _____

6. Cyclic Anxiety/Depression (Questions 54 – 66). Meets the criteria for pure anxiety and/or depression and also scores six or more on the cyclic anxiety/depression questions. If you scored three to five questions with a score of “3” or “4” you have tendencies toward Cyclic Anxiety/Depression.

Cyclic Score of three or four: _____

7. Unfocused Anxiety/Depression (Questions 67 – 79). Meets the criteria for pure anxiety and/or depression and also scores six or more on the unfocused questions. If you scored three to five questions with a score of “3” or “4” you have tendencies toward Unfocused Anxiety/Depression.

Prefrontal cortex Score of three or four: _____

Other Diagnoses to Consider

Atypical depression (Questions 80 – 81). If you answered one or both of these questions with a score of “3” or “4” you may have an atypical form of depression. This type often does not respond to traditional antidepressant treatment. The MAOI medications, such as Nardil or Parnate may be more successful. If these symptoms are mixed with carbohydrate cravings, consider adding 400-600 micrograms of chromium picolinate may be significantly useful.

Seasonal Depression (Question 82). If you answered this question with a score of “3” or “4” you may have Seasonal Affective Disorder or SAD. This type often does not respond to traditional antidepressant treatment, but is often very responsive to therapy with light. Using a “full spectrum light box” for 30 minutes every morning can make a big difference. This type is often associated with the symptoms of atypical depression. All of the symptoms may respond to light therapy. Also, have your 25 hydroxy-vitamin D level tested. Low Vitamin D levels have been associated with depression and boosting Vitamin D levels with Vitamin D3 can be helpful. If the symptoms are mixed with carbohydrate craving, adding 400-600 micrograms of chromium picolinate may be significantly useful.

AMEN CLINICS SUMMARY

Seven Types of Anxiety and Depression

Type 1. Pure Anxiety – Sufferers with this type feel stirred up, anxious, or nervous. They often feel uncomfortable in their own skin. They report feeling as though they “could climb the walls” or that they are “crawling out of their skin.” They are plagued by feelings of panic, fear and self-doubt, and suffer the physical feelings of anxiety as well as muscle tension, nail biting, headaches, abdominal pain, heart palpitations, shortness of breath, and sore muscles. It is as if they have an overload of tension and emotion. The symptoms may be a consistently disruptive presence or may come in unexpected waves. Irrational fears or phobias may also be a burden. People with “pure anxiety” tend to avoid anything that makes them anxious or uncomfortable, such as places or people that might trigger panic attacks or interpersonal conflict. People with this type tend to predict the worst and look to the future with fear. They may be excessively shy or startle easily, or they may freeze in emotionally charged situations. Generalized anxiety disorder and phobias are examples of illnesses that fit into this category. The SPECT series finding of Type 1 Pure Anxiety is increased activity in the basal ganglia, seen on both the concentration and baseline studies.

Type 2. Pure Depression – This type is associated with primary depressive symptoms that range from chronic mild sadness (termed dysthymia) to the devastating illness of major depression. The hallmark symptoms of “pure depression” include: a persistent sad or negative mood, a loss of interest in usually pleasurable activities, periods of crying, frequent feelings of guilt, helplessness, hopelessness, or worthlessness, sleep and appetite changes (too much or too little), low energy levels, suicidal thoughts or attempts, and low self-esteem. The SPECT findings that correlate with this type are markedly increased activity in the deep limbic area at rest and during concentration and decreased prefrontal cortex activity both at rest that improves with concentration. Deactivation of the prefrontal cortex at rest and improvement with concentration is a finding that is very commonly, but not always present.

Type 3. Mixed Anxiety and Depression – Sufferers of this type have a combination of both pure anxiety symptoms and pure depressive symptoms. This type shows excessive activity in the brain’s basal ganglia and deep limbic system. One type may predominate at any point in time, but both symptom clusters are present on a regular basis.

Type 4. Overfocused Anxiety and Depression – People with this type have trouble shifting attention and tend to get locked into negative thoughts or behaviors. When this is combined with excessive basal ganglia activity – people get stuck on anxious thoughts. When it is combined with excessive deep limbic activity – people get stuck on negative, depressing thoughts. Many people get stuck on both anxiety provoking and depressive thoughts. Obsessive-compulsive disorder (stuck on negative thoughts or actions), phobias (stuck on a fear), eating disorders (stuck on negative eating behavior), and post traumatic stress disorder (PTSD, stuck on a past traumatic

event) fit into this type. This type is also associated with people who worry, tend to hold grudges, and have problems with oppositional or argumentative behavior. We have also noticed that this type tends to occur more frequently in children or grandchildren of alcoholics. SPECT findings that are associated with this type show increased anterior cingulate gyrus activity and increased basal ganglia and/or deep limbic activity at rest and during concentration.

Type 5. Temporal Lobe Anxiety and Depression – This type results from too much or too little activity in the brain’s temporal lobes, in addition to too much activity in the basal ganglia and/or deep limbic system. The temporal lobes are very important to memory, moods, and emotions. When there are problems in this part of the brain people struggle with temper outbursts, memory problems, mood instability, visual or auditory illusions, and dark, frightening, or evil thoughts. People with this type tend to misinterpret comments as negative when they are not, have trouble reading social situations, and appear to have mild paranoia. They may also have episodes of panic or fear for no specific reason, experience frequent periods of déjà vu, and be preoccupied with religious thoughts. People with this type may exhibit aggressive behaviors toward others or themselves. There may be a family history of these problems or they can be triggered by a brain injury. SPECT findings in this type show increased or decreased activity in the temporal lobes and increased basal ganglia and/or deep limbic activity at rest and during concentration. When the temporal lobes become less active with concentration often people struggle with learning problems. When they are less active on the left side there is a tendency toward reading problems and irritability, when they are less active on the right side there is a tendency to have trouble reading social situations. It is possible to have decreased activity on both sides.

Type 6. Cyclic Anxiety and Depression – “Cyclic Anxiety/Depression” results from too much activity in the brain’s basal ganglia and/or deep limbic system. These “hot” areas in the brain act like “emotional seizures” as the emotional centers hijack the brain for periods of time. Like typical seizures, patients have little or no control over these episodes. Cyclic disorders, such as bipolar disorder, cyclothymia, and premenstrual tension syndrome, along with panic attacks, fit in this category, because they are episodic and unpredictable. The hallmark of this type is its cyclic nature. Not surprisingly, SPECT scan findings vary with the phase of the illness, or points in the patient’s cycle. For example, when someone is in a manic phase of a bipolar illness there is focal increased deep limbic activity and patchy increased uptake (multiple focal hot spots) throughout the brain; when this same person is in a depressed state there is increased focal deep limbic activity, but it is often associated with overall decreased activity (no patchy increased uptake). Similarly, a woman with premenstrual tension syndrome may show only increased focal deep limbic activity during the unaffected time of her cycle, but show increased focal deep limbic activity, decreased prefrontal cortex, and increased anterior cingulate activity during the worst time of her cycle. Like the other types, “Cyclic Anxiety/Depression” is a spectrum disorder, which means that one can have a very mild form or a very severe form, or anything in between. One may have mild PMS, or a mild cyclic mood disorder, or the problems can be so severe as to be life threatening. Cyclic Anxiety/Depression must be closely and skillfully monitored especially at critical times in the course of the disorder. For instance, when medications are first started antidepressants may trigger mania, at hormonal transition times, when a patient is experiencing additional intense stressors, and in the case of a medically fragile

individual. If the problem interferes with your life, you need professional treatment.

Type 7. Lights Are Low Anxiety and Depression – This type results from too little activity in the brain’s prefrontal cortex, in addition to excessive activity in the basal ganglia and/or deep limbic system. The prefrontal cortex acts as the brain’s supervisor. It helps with executive functions, such as attention span, forethought, impulse control, organization, motivation, and planning. When the prefrontal cortex is underactive people complain of being inattentive, distracted, bored, off task, and impulsive. This type is often seen in conjunction with another psychiatric illness called attention deficit disorder. ADD, also called ADHD (attention deficit hyperactivity disorder), is a developmental disorder that starts in childhood and is associated with longstanding issues of short attention span, distractibility, disorganization, restlessness, and impulsivity. Sometimes distinguishing ADD from “Unfocused Anxiety/Depression” can be difficult, and many feel the distinction is arbitrary. ADD, like depression and anxiety, has a number of subtypes that help to guide treatment. ADD, in its classic form, starts in childhood and can be seen consistently throughout a person’s life. Unfocused Anxiety/Depression may not start until much later in life. Often the two run together. The medication treatments are similar. Unfocused Anxiety/Depression SPECT findings show decreased activity in the prefrontal cortex at rest and during concentration along with increased basal ganglia and/or deep limbic activity.

This type may also be the result of some form of toxic exposure, brain infection (such as chronic fatigue syndrome), near drowning accident, or other insults to the brain.

Knowing your type is essential to getting the right help for you or your loved ones.

AMEN CLINICS SUMMARY

Healing Anxiety and Depression

The summary tables on the next two pages are designed as a quick reference and summary guide to the diagnostic and treatment principles for the 7 subtypes of anxiety and depression. Individual treatment plans may deviate from this general flow sheet.

Healing Anxiety and Depression Summary Table

A/D Type	Type 1. Pure Anxiety	Type 2. Pure Depression	Type 3. Mixed A&D	Type 4. Overfocused
Traditional Diagnostic Categories (DSMIV)	Generalized Anxiety Disorder, Panic Disorder, Agoraphobia,	Major Depression and Dysthymia	Depression and Anxiety Disorders	Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Eating Disorders, Tourette's Syndrome, Obsessive Compulsive Personality Disorder
Typical SPECT Findings	Basal ganglia hyperactivity	Deep limbic hyperactivity at rest and during concentration and decreased prefrontal cortex activity at rest that improves with concentration.	Mixture of basal ganglia and deep limbic hyperactivity	Anterior cingulated gyrus, basal ganglia, and/or deep limbic system hyperactivity
Made Worse By	Stimulants	Stimulants	Stimulants	Stimulants
Diet	Higher protein, lower carbohydrate	Higher protein, lower carbohydrate	Higher protein, lower carbohydrate	Lower protein, higher carbohydrate
Exercise	Intense aerobic	Intense aerobic	Intense aerobic	Intense aerobic
Herbs and Supplements	GABA (NeuroCalm), Kava, L-Glutamine, Valerian, Fish Oil (NeurOmega)	DL-Phenylalanine, L-Tyrosine (Neuro-Stim), SAME (Neuro-SAMe), Fish Oil (NeurOmega)	Combination Type 1 & 2 supplements, Fish Oil (NeurOmega)	St. John's Wort. 5-HTP, L-Tryptophan, Inositol, FishOil (NeurOmega)
Medications	Buspar, limited use of benzodiazepines, anticonvulsants	Bupropion, desipramine, imipramine	Effexor, Cymbalta, or combination Type 1 & 2 supplements	Serotonin enhancing meds such as Zoloft, Paxil, Prozac, Celexa or Luvox, novel antipsychotics for severe cases
Psychosocial Treatments	Biofeedback, ANT therapy, relaxation, meditation	ANT therapy, interpersonal psychotherapy	Biofeedback, ANT therapy, interpersonal psychotherapy, relaxation, meditation	Distraction, ANT therapy, relaxation, meditation

Healing Anxiety and Depression Summary Table

A/D Type	Type 5. Cyclic	Type 6. Temporal Lobe	Type 7. Unfocused A&D
Traditional Diagnostic Categories (DSMIV)	Bipolar Disorder, Cyclothymia, recurrent depressions, Premenstrual Tension Syndrome (PMS) and Seasonal Affective Disorder (SAD)	Temporal Lobe Epilepsy, Borderline Personality Disorder	Attention Deficit Disorder with anxiety or depression
Typical SPECT Findings	Focal increased activity in the deep limbic system and/or “ring of fire” or patchy increased activity	Increased or decreased activity in the temporal lobes with increased basal ganglia and/or deep limbic hyperactivity	Decreased activity in the prefrontal cortex and increased activity in the basal ganglia and/or deep limbic system
Made Worse By	All antidepressants, including supplement SAME, can trigger a manic episode in vulnerable people	Selective serotonin reuptake inhibitors, stimulants or stimulating antidepressants, such as Wellbutrin, supplements that increase serotonin levels	Selective serotonin reuptake inhibitors, sedatives
Diet	Higher protein, lower carbohydrate	Higher protein, lower carbohydrate	Higher protein, lower carbohydrate
Exercise	Intense aerobic	Intense aerobic	Intense aerobic
Herbs and Supplements	GABA, taurine, fish oil, ginkgo biloba, phosphatidyl serine, Vitamin E, Piracetam, fish oil (NeurOmega)	GABA, taurine, fish oil, ginkgo biloba, phosphatidyl serine, Vitamin E, Piracetam, fish oil (NeurOmega)	L-tyrosine (NeuroStim), DL-phenylalanine, SAME (NeuroSAME), fish oil (NeurOmega)
Medications	Anticonvulsants such as Depakote, Carbatrol, Neurontin, Topamax, Lamictal, Gabatril, Dilantin	Anticonvulsants such as Depakote, Carbatrol, Neurontin, Topamax, Lamictal, Gabatril, Dilantin	Stimulants or stimulating antidepressants
Psychosocial Treatments	Stress reduction, interpersonal psychotherapy	Not applicable	Dance, stimulating music

HOW IS YOUR MEMORY?

Screening Questionnaire

Place a check mark in the columns corresponding to the questions that apply to you or the person you are evaluating. To give yourself the most complete picture, have another person who knows you well also answer the questions (such as a spouse, partner, child, sibling, parent, or close friend or colleague).

Severity	Progression	Brain Area Dementia Questions
Yes, Present Now	A Lot Worse Than 10 Years Ago	TEMPORAL LOBES
		Is there frequent difficulty remembering appointments?
		Is there frequent difficulty remembering holidays or special occasions such as birthdays or weddings?
		Is there frequent difficulty remembering to take medications or supplements?
		Is there frequent difficulty finding the right words during conversations or retrieving the names of things?
		Are there frequent episodes of irritability, anger, aggression, or a “short fuse” for little-to-no-reason?
		Are there frequent feelings of suspiciousness, paranoia, or hypersensitivity without a clear explanation or reason why?
		Is there a frequent tendency to misinterpret what one hears, reads, or experiences?
		Temporal Lobe Progression And Severity Totals (add up the total number of checks for this section in each column)
Yes, Present Now	A Lot Worse Than 10 Years Ago	FRONTAL LOBES
		Is there frequent difficulty recalling events that occurred a long time ago?
		Is there frequent difficulty with judgments (i.e., knowing how much food to buy)?
		Is there frequent difficulty thinking things through (reasoning)?
		Is there frequent difficulty handling finances or routine affairs that used to be done without difficulty?
		Is there frequent trouble sustaining attention in routine situations (i.e., chores, paperwork)?
		Is there frequent difficulty finishing chores, tasks or other activities?

		Is there frequent difficulty with organizing and planning things?
		Are there frequent feelings of boredom, loss of interest, or low motivation to do things that were previously enjoyed.
		Is there a frequent tendency to act impulsively (i.e., saying or doing things without thinking first)?
		Frontal Lobe Progression And Severity Totals (add up the total number of checks for this section in each column)
Yes, Present Now	A Lot Worse Than 10 Years Ago	PARIETAL LOBES
		Are there frequent wrong turns or episodes of getting lost traveling to well known places (direction sense)?
		Are there frequent problems judging where you are in relationship to objects around you (i.e., bumping into things in a dark, familiar room)?
		Is there frequently a problem recognizing objects just by their feel?
		Are left and right often confused?
		Is there frequent trouble learning a new task or skill?
		Parietal Lobe Progression And Severity Totals (add up the total number of checks for this section in each column)
		Total Progression and Severity Scores

Questionnaire Interpretation

Add your scores in each area and use the key on the next page to determine their meaning.

Severity Score: The number of abilities or behaviors where there is frequent difficulty.

Severity Score = The number of rows where the left column is checked.

Severity Score = _____

Progression Score: The number of abilities or behaviors that are a lot worse than ten years ago.

Progression Score = The number of rows where the right column is checked.

Progression Score = _____

Interpreting The Severity And Progression Scores

A. If both the Severity Score and the Progression Score are 0, then there does not seem to be a problem. Have your partner or significant other verify your answers.

B. If the Severity Score is two or the Progression Score is one and neither of them are three or higher, then there may be an early stage problem or this could be normal aging. If there is any concern about a problem by you or others, then proceed with further testing, such as the memory test found on www.amenclinics.com, the work up described below, or by your physician. An evaluation for depression should also be done if there is any sad mood or loss of motivation. A memory enhancement protocol may be helpful, including: physical and mental exercise to boost nerve growth factors. Avoid any behaviors that increase the risk for a brain injury and take a fish oil to boost the level of omega-3 fatty acids in the brain. Consider NeuroMemory, which contain huperazine A, and Brain Vitale, which contains, ginkgo, phosphatidylserine, and acetyl-l-carnitine, produced by the Amen Clinics.

C. If either the Severity Score is three or higher or the Progression Score is two or higher, then the chance of cognitive impairment or dementia is increased. Your memory should be further evaluated by the testing found on www.amenclinics.com, the work up described below, or by your physician. An evaluation for depression should also be done if there is any sad mood or loss of motivation. A memory enhancement protocol may be helpful, including: physical and mental exercise to boost nerve growth factors. Avoid any behaviors that increase the risk for a brain injury and take fish oil to boost the level of omega-3 fatty acids in the brain. Consider NeuroMemory, which contain huperazine A, and Brain Vitale, which contains, ginkgo, phosphatidylserine, and acetyl-l-carnitine, produced by the Amen Clinics.

Types of Memory

Memory is a recording of one's experiences stored in the brain – be it an interesting conversation, a piece of information, a "memorable scene," or notable event. There are 3 types of memories differentiated by the time lapse between the experience and the recall of that experience. Each type of memory activates different brain areas when one attempts to recall it.

Working memory resides in the frontal lobe and lasts less than a minute. This form of memory is commonly referred to as one's attention span and lasts up to one minute before being erased. Trying to memorize and dial a telephone number that someone just gave you is an example of working memory.

Short-term memory resides in the medial temporal lobe and lasts a few minutes to a few weeks before being erased. When you try to recall a conversation or a phone number learned a few minutes to a few weeks ago, these brain areas are activated. Not all of one's moment-to-moment experiences activate short-term memory. Only those experiences that are novel, interesting, or those that one intended to remember will sufficiently stimulate nerve cells in the medial temporal lobe to record them.

Long-term memory can last a lifetime. Scientists are not yet certain which brain areas are directly involved in long-term memory. When one tries to recall their first love or the name of a school they went to as a child, they are accessing their long-term memory.

Understanding and Treating Memory Loss

The predominant cause of memory loss is a family of diseases called Alzheimer's Disease and related disorders (ADRD) which includes but is not limited to Alzheimer's Disease, vascular dementia, Parkinson's Disease, and Frontal Lobe dementia. In addition to ADRD, many other conditions cause memory loss. The tables that follow list the major causes of memory loss, the appropriate treatment, and the result of treatment.

Alzheimer's Disease and Related Disorders

Disease	Treatment	Result of Treatment
Alzheimer's Disease	Cholinesterase inhibitor and glutamate modulation	Stabilization and sometimes improvement
Parkinson's Disease	Dopaminergic stimulation	Stabilization and sometimes improvement
Frontal Lobe Dementia	No established treatment	Not applicable
Vascular Disease	Treat illness and risk factors	Stabilization and sometimes improvement

Other Causes of Memory Loss and Dementia

Disease	Treatment	Result of Treatment
Anxiety	Anti-anxiety supplements or meds	Improvement
ADHD	Stimulant supplements or meds	Improvement
Depression	Antidepressant supplement or meds	Improvement
Thyroid disease	Thyroid hormone	Improvement
Diabetes	Diet, exercise, meds	Improvement
Metabolic problems	Diagnose etiology and treat	Improvement
Alcohol dependence	Alcohol cessation	Improvement
Drug abuse	Drug cessation	Improvement
Vit. B-12 deficiency	Vit. B-12 replacement	Improvement
Vit. D deficiency	Vit. D replacement	Improvement
Brain infections	IV antibiotics	Improvement
Medications	Adjust medication	Improvement
Fatigue	Diagnose cause and treat	Frequent improvement
Head injury	Cognitive therapy and medication	Frequent improvement
Hydrocephalus	Shunt	Frequent improvement
Cancer	Diagnose and treat	Frequent improvement
Cancer chemotherapy	Brain healthy program	Frequent improvement

Medical Tests to Consider to Evaluate Memory Problems

When a person is suffering from memory problems, the following tests may be useful in evaluating the problem:

- Urinalysis
- Complete Blood Count
- Liver function tests
- Folic acid level
- Homocysteine level
- Vitamin B12 level
- 25 hydroxy-Vitamin D level
- Blood glucose level
- Thyroid function tests
- Syphilis screening
- HIV
- Erythrocyte sedimentation
- Apolipoprotein E Genotype
- Fasting lipid panel
- For males, a testosterone level
- For females after menopause, an estradiol level
- If sleep problems are present, a sleep study to rule out sleep apnea

A brain SPECT study may be helpful if all of the other studies are normal.

About Amen Clinics

Amen Clinics, Inc. (ACI) was established in 1989 by Daniel G. Amen, MD. ACI specializes in innovative diagnosis and treatment planning for a wide variety of behavioral, learning, and emotional problems for children, teenagers, and adults. ACI has an international reputation for evaluating brain-behavior problems, such as attention deficit disorder (ADD), depression, anxiety, school failure, brain trauma, obsessive-compulsive disorders, aggressiveness, cognitive decline, and brain toxicity from drugs or alcohol. Brain SPECT imaging is performed at ACI. ACI has the world's largest database of brain scans for behavioral problems.

ACI welcomes referrals from physicians, psychologists, social workers, marriage and family therapists, drug and alcohol counselors, and individual clients.

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Amenclinics.com is an educational interactive brain website geared toward mental health and medical professionals, educators, students, and the general public. It contains a wealth of information to help you learn about our clinics and the brain. The site contains over three hundred color brain SPECT images, hundreds of scientific abstracts on brain SPECT imaging for psychiatry, a brain puzzle, and much, much more.

View over three hundred astonishing color 3-D brain SPECT images on:

Aggression
Attention Deficit Disorder, including the six subtypes
Dementia and cognitive decline
Drug Abuse
PMS
Anxiety Disorders
Brain Trauma
Depression
Obsessive Compulsive Disorder
Stroke
Seizures