

SPACE

Dutès Neurobehavioral Inventory

Name _____ Sex _____

Age _____ Date _____

Think of your experiences since your head injury and answer yes or no to the following statements:

SOCIAL

- | | | |
|---|-----|----|
| 1. I am avoiding friends and family more than I used to | YES | NO |
| 2. I feel that most people don't understand me anymore | YES | NO |

PHYSICAL

- | | | |
|---|-----|----|
| 1. I have more headaches than I used to | YES | NO |
| 2. I feel tired more often than I used to | YES | NO |
| 3. I feel dizzy more often than I used to | YES | NO |

ACADEMIC

- | | | |
|--|-----|----|
| 1. I find it harder to concentrate in class | YES | NO |
| 2. I find it harder to take tests | YES | NO |
| 3. I have trouble organizing my thoughts when writing papers | YES | NO |

COGNITIVE

- | | | |
|---|-----|----|
| 1. I feel slower mentally | YES | NO |
| 2. I have trouble remembering and following simple instructions | YES | NO |
| 3. I take longer to learn things | YES | NO |

EMOTIONAL

- | | | |
|---|-----|----|
| 1. I am more irritable than I used to be | YES | NO |
| 2. I don't feel as smart as I used to | YES | NO |
| 3. I have more frequent mood swings | YES | NO |
| 4. I am irritated by others more than usual | YES | NO |

Scoring

Each "yes" answer is worth 1 point, each "no" answer is worth 0.
Total your score and fill in the space below.

Total Score: _____

A score of 5 or more suggests that you may be at risk for academic adjustment difficulties.

For more information, please contact our clinic at: (517) 355-7648