

Name _____

Date _____

CONFUSION SPECTRUM-1

Please respond to the statements below with the appropriate response to the right. Please feel free to write in additional comments.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

1. I am often confused	SA	A	NS	D	SD
2. I feel like I am more confused than I used to be	SA	A	NS	D	SD
3. I have reason to believe I have a neurological condition that disrupts my thinking, including possible dementia	SA	A	NS	D	SD
4. I have experienced one or more significant head injuries in my lifetime	SA	A	NS	D	SD
5. I take medication or use legal or illegal drugs that may cause confusion	SA	A	NS	D	SD
6. I am not always sure if all of my five senses function the way they are supposed to	SA	A	NS	D	SD
7. I sometimes feel disoriented, meaning I am not sure I know who I am or where I am or what the time or date is or who the people around me are	SA	A	NS	D	SD
8. I have/have had people in my life that intentionally try to confuse me	SA	A	NS	D	SD
9. Sometimes it is hard for me understand what is real and what is not real	SA	A	NS	D	SD
10. Sometimes I think I see things that aren't really there	SA	A	NS	D	SD
11. Sometimes I think I hear voices or hear things that aren't really there	SA	A	NS	D	SD
12. It is hard for me to make decisions or know what to do	SA	A	NS	D	SD
13. I have clear and well formed goals and values in my life	SA	A	NS	D	SD
14. It is hard for me to know what to think	SA	A	NS	D	SD
15. It is hard for me to know how to feel	SA	A	NS	D	SD