

PTEC – PANS/PANDAS/Related Inflammatory Brain Disorders Treatment and Flare Evaluation Checklist

For each possible symptom, please select which of the following answers applies (this will provide the total PTEC score that we will send you after you have submitted the form).

It is necessary to make a selection in each line.

Please indicate how true each phrase is:

Behavior/Mood*	Not a problem	Minor problem	Moderate problem	Serious problem
Rages				
School refusal				
Uncooperative or resistant				
Oppositional behavior				
Disagreeable/non-compliant				
Temper tantrums				
Shouts or screams				
Insensitive to others' feelings				
Inappropriate laughing/crying				
Disinhibited/impulsive				
Avoids contact with others				
Harms self				
Irritable/agitated				
Destructive to property				
Verbal aggression				
Physical aggression				
Unhappy/crying				
Depressed mood				
No motivation/joy				
Mood swings				

Anxiety*	Not a problem	Minor problem	Moderate problem	Serious problem
Separation anxiety				
Irrational or amplified fears				
Avoids leaving home				
Anxious about being around people				
General/other anxiety				

OCD	Not a problem	Minor problem	Moderate problem	Serious problem
Unwanted sexual thoughts				
Violent/horrific intrusive images				
Non-violent intrusive thoughts				
Obsession/fear of germs				
Washing/cleaning compulsions				
Fear of chemicals/solvents/contaminants				
Fears harm will come to self				
Fears hurting self/others				
Fears will be responsible for aggressive/illegal behavior				
Fear of blurting obscenities				
Perfectionism				
Checking or repeating obsessions/rituals				
Counting rituals				
Destructive to property				
Confessing				
Reassurance seeking				
Obsessive speech				
Repetitive speech				
Rigid routines				
Hoarding rituals				
Magical thoughts/superstitious obsessions				
Lucky/unlucky words, numbers, colors				
Requires symmetry				
Arranging obsessions				
Obsession with order/location of objects				
Need to tap or touch				
Overly concerned with health				
Requires another person to participate in OCD				

Tics*	Not a problem	Minor problem	Moderate problem	Serious problem
Vocal tics				
Motor tics				

Cognitive/Developmental*	Not a problem	Minor problem	Moderate problem	Serious problem
Memory issues				
Brain fog				
Stutters				
Baby talk				
Gross motor regression (tripping/coordination issues)				
Fine motor: Difficulty with/regression in handwriting/art				
Difficulty with/regression in math skills				

Sensory*	Not a problem	Minor problem	Moderate problem	Serious problem
Sound sensitive				
Light sensitive				
Sensitive to smells				
Sensitive to textures				
Other sensory sensitivities				
Amplified sensory seeking				

Food intake*	Not a problem	Minor problem	Moderate problem	Serious problem
Food refusal/anorexia				
Limited fluid intake				
Picky eating				
Negative body image				
Limited due to choking or vomiting fear				
Limited but does not/cannot articulate reason				
Limited due to contamination fear				
Urge to overeat				

Sleep*	Not a problem	Minor problem	Moderate problem	Serious problem
Nightmares				
Night terrors				
Problems falling asleep				
Problems staying asleep				
Bedwetting				

Other*	Not a problem	Minor problem	Moderate problem	Serious problem
Hallucinations				
Delusions				
Paranoia				
Suicidal ideation				
Homicidal ideation				
Attention issues				
Hyperactivity				
Daytime urinary frequency				
Daytime wetting/soiling				
Lacks friends				
Dilated pupils				

Health*	Not a problem	Minor problem	Moderate problem	Serious problem
Constipation				
Diarrhea				
Acute infection				
Fatigued				
Lethargic				
Pain in stomach				
Pain in head				
Pain in joints				
Pain other				
Dysautonomia, dizziness, etc.				

Unique/distinctive characteristics or behaviors

Space for notes specific to child/patient for personal tracking use only but not scored.