Brain Function Assessment Form[™] (BFAF)

 Name:
 ______Age:
 _____Date:

Please circle the appropriate number on all questions below. 0 as the least/never to 3 as the most/always.

SECTION 1		SECTION 4				
• A decrease in attention span	0 1 2 3	Reduced function in overall hearing	0	1	2	3
Mental fatigue	0 1 2 3	• Difficulty understanding language with background				
• Difficulty learning new things	0 1 2 3	or scatter noise	0	1	2	3
• Difficulty staying focused and concentrating		• Ringing or buzzing in the ear	0	1	2	3
for extended periods of timeExperiencing fatigue when reading sooner	0 1 2 3	Difficulty comprehending language without perfect pronunciation	0	1	2	3
than in the past	0 1 2 3	• Difficulty recognizing familiar faces	0	1	2	3
• Experiencing fatigue when driving sooner than in the past	0 1 2 3	• Changes in comprehending the meaning of sentences, written or spoken	0	1	2	3
• Need for caffeine to stay mentally alert	0 1 2 3	Difficulty with verbal memory and finding words	0	1	2	3
• Overall brain function impairs your daily life	0 1 2 3	• Difficulty remembering events	0	1	2	3
		• Difficulty recalling previously learned facts and names	0	1	2	3
SECTION 2		• Inability to comprehend familiar words when read			2	
• Twitching or tremor in your hands and legs		Difficulty spelling familiar words	0	1	2	3
when resting	0 1 2 3	Monotone, unemotional speech	0	1	2	3
Handwriting has gotten smaller and more crowded together	0 1 2 3	• Difficulty understanding the emotions of others when they speak (nonverbal cues)	0	1	2	3
• A loss of smell to foods	0 1 2 3	• Disinterest in music and a lack of appreciation				
• Difficulty sleeping or fitful sleep	0 1 2 3	for melodies	0	1	2	3
• Stiffness in shoulders and hips that goes away		Difficulty with long-term memory	0	1	2	3
when you start to move	0 1 2 3	Memory impairment when doing the basic activities				
Constipation	0 1 2 3	of daily living	0	1	2	3
Voice has become softer	0 1 2 3	Difficulty with directions and visual memory	0	1	2	3
• Facial expression that is serious or angry	0 1 2 3	Noticeable differences in energy levels throughout the day	0	1	2	2
 Episodes of dizziness or light-headedness upon standing 	0 1 2 3	the day	U	1	2	3
• A hunched over posture when getting up and walking	0 1 2 3					
SECTION 3		SECTION 5				
Memory loss that impacts daily activities	0 1 2 3	Difficulty coordinating visual inputs				
• Difficulty planning, problem solving, or working with numbers	0 1 2 3	and hand movements, resulting in an inability to efficiently reach for objects	0	1	2	3
Difficulty completing daily tasks	0 1 2 3	Difficulty comprehending written text	0	1	2	3
• Confusion about dates, the passage of time, or place	0 1 2 3	 Floaters or halos in your visual field 	0	1	2	3
• Difficulty understanding visual images and spatial relationships (addresses and locations)	0 1 2 3	• Dullness of colors in your visual field during different times of the day	0	1	2	3
• Difficulty finding words when speaking	0 1 2 3	Difficulty discriminating similar shades of color	0	1	2	3
 Misplacement of things and inability to retrace steps 	0 1 2 3					
 Poor judgment and bad decisions 	0 1 2 3					
 Disinterest in hobbies, social activities, or work 	0 1 2 3					
 Personality or mood changes 	0 1 2 3					

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SECTION 6

• Difficulty with detailed hand coordination	0	1	2	3	
Difficulty with making decisions	0	1	2	3	
 Difficulty with suppressing socially inappropriate thoughts 	0	1	2	3	
Socially inappropriate behavior	0	1	2	3	
• Decisions made based on desires, regardless of the consequences	0	1	2	3	
• Difficulty planning and organizing daily events	0	1	2	3	
• Difficulty motivating yourself to start and finish tasks	0	1	2	3	
• A loss of attention and concentration	0	1	2	3	

SECTION 7

Hypersensitivities to touch or pain	0	1	2	3
• Difficulty with spatial awareness when moving, laying back in a chair, or leaning against a wall	0	1	2	3
Frequently bumping into the wall or objects	0	1	2	3
Difficulty with right-left discrimination	0	1	2	3
Handwriting has become sloppier	0	1	2	3
Difficulty with basic math calculations	0	1	2	3
Difficulty finding words for written or verbal communication	0	1	2	3
• Difficulty recognizing symbols, words, or letters	0	1	2	3

SECTION 8

 Difficulty swallowing supplements or large bites of food 	0	1	2	3
Bowel motility and movements slow	0	1	2	3
Bloating after meals	0	1	2	3
• Dry eyes or dry mouth	0	1	2	3
A racing heart	0	1	2	3
• A flutter in the chest or an abnormal heart rhythm	0	1	2	3
• Bowel or bladder incontinence, resulting in staining your underwear	0	1	2	3

SECTION 9

A decrease in movement speed	0	1	2	3
Difficulty initiating movement	0	1	2	3
• Stiffness in your muscles (not joints)	0	1	2	3
A stooped posture when walking	0	1	2	3
• Cramping of your hand when writing	0	1	2	3

SECTION 10

• Abnormal body movements (such as twitching legs)	0	1	2	3
• Desires to flinch, clear your throat, or perform some type of movement	0	1	2	3
Constant nervousness and a restless mind	0	1	2	3
Compulsive behaviors	0	1	2	3
• Increased tightness and tone in specific muscles	0	1	2	3

SECTION 11

• Difficulty with balance, or balance that is noticeably worse on one side	0	1	2	3
• A need to hold the handrail or watch each step carefully when going down stairs	0	1	2	3
Episodes of dizziness	0	1	2	3
Nausea, car sickness, or seasickness	0	1	2	3
• A quick impact after consuming alcohol	0	1	2	3
• A slight hand shake when reaching for something	0	1	2	3
• Back muscles that tire quickly when standing or walking	0	1	2	3
Chronic neck or back muscle tightness	0	1	2	3