## Brain Function Assessment Form<sup>™</sup> (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					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		_	-
• Difficulty staying focused and concentrating						• Ringing or buzzing in the ear	0	1	2	3
for extended periods of time	0	1	2	3		<ul> <li>Difficulty comprehending language without perfect pronunciation</li> </ul>	0	1	2	3
• Experiencing fatigue when reading sooner than in the past	0	1	2	3		Difficulty recognizing familiar faces		1		-
• Experiencing fatigue when driving sooner				-		• Changes in comprehending the meaning of sentences,				
than in the past	0	1	2	3		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	0	1	2	3
• 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				
<ul> <li>Difficulty sleeping or fitful sleep</li> </ul>	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		1		-		• Memory impairment when doing the basic activities	•		•	•
Constipation		1		-		of daily living		1		-
Voice has become softer		1		-		• Difficulty with directions and visual memory	0	1	2	3
• Facial expression that is serious or angry	0	1	2	3		<ul> <li>Noticeable differences in energy levels throughout the day</li> </ul>	0	1	2	3
Episodes of dizziness or light-headedness upon standing	0	1	2	3			v	•	-	U
• 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		<ul> <li>Difficulty coordinating visual inputs</li> </ul>				
<ul> <li>Difficulty planning, problem solving, or working with numbers</li> </ul>	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		<ul> <li>Floaters or halos in your visual field</li> </ul>	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		1				• Difficulty discriminating similar shades of color	0	1	2	3
• Misplacement of things and inability to retrace steps		1								
Poor judgment and bad decisions		1								
• Disinterest in hobbies, social activities, or work		1								
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	
<ul> <li>Difficulty with suppressing socially inappropriate thoughts</li> </ul>	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
<ul> <li>Difficulty with spatial awareness when moving, laying back in a chair, or leaning against a wall</li> </ul>	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
<ul> <li>Difficulty finding words for written or verbal communication</li> </ul>	0	1	2	3
• Difficulty recognizing symbols, words, or letters	0	1	2	3

#### SECTION 8

<ul> <li>Difficulty swallowing supplements or large bites of food</li> </ul>	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	
<ul> <li>Desires to flinch, clear your throat, or perform some type of movement</li> </ul>	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