## **Brain Function Assessment Form™ (BFAF)**

Name:				F	Age:	Sex: Date:			
Please circle the appropriate number on all questions be	elow.	0	as					-	
•						to b as the most/atways.			
SECTION 1					1	SECTION 4			
• A decrease in attention span	0	) ]	1 2	2 3		D 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Λ	1	2 3
Mental fatigue	0	1	2	2 3		Difficulty understanding language with background	U .	1 1	4 3
<ul> <li>Difficulty learning new things</li> </ul>	0	1	2	2 3		or coattor noise	0 :	1 :	2 3
<ul> <li>Difficulty staying focused and concentrating for extended periods of time</li> </ul>	0	1	2	2 3		<ul><li>Ringing or buzzing in the ear</li><li>Difficulty comprehending language without</li></ul>	0 1	1 2	2 3
• Experiencing fatigue when reading sooner than in the past	0	1	2	3		perfect pronunciation			2 3
• Experiencing fatigue when driving sooner than in the past				3		• Changes in comprehending the meaning of sentences,			2 3
• Need for caffeine to stay mentally alert	0			3		• Difficulty with work al			2 3
Overall brain function impairs your daily life	0			3		a Difficulty name and			2 3
CE CELOX A						ullet Difficulty recalling previously learned facts and names $ullet$	1	2	2 3
SECTION 2						<ul> <li>Inability to comprehend familiar words when read</li> </ul>	1	2	3
<ul> <li>Twitching or tremor in your hands and legs when resting</li> </ul>	0	1	2	3		<ul> <li>Difficulty spelling familiar words</li> </ul>	1	2	3
Handwriting has gotten smaller and more	U	1	4	3	1	• Monotone, unemotional speech	1	2	3
crowded together	0	1	2	3		• Difficulty understanding the emotions of others when they speak (nonverbal cues)		_	_
A loss of smell to foods	0	1	2	3		Disinterest in music and a lack of appreciation	1	2	3
<ul> <li>Difficulty sleeping or fitful sleep</li> </ul>	0	1	2	3		for melodies 0	1	2	3
<ul> <li>Stiffness in shoulders and hips that goes away when you start to move</li> </ul>	0	1	2	3	1		1	2	
• Constipation	0	1	2	3		• Memory impairment when doing the basic activities of daily living	1	2	2
Voice has become softer	0	1	2	3		Difficulty with 1:	1	2	3
<ul> <li>Facial expression that is serious or angry</li> </ul>	0	1	2	3		Noticeable differences in energy levels throughout	1	2	3
<ul> <li>Episodes of dizziness or light-headedness upon standing</li> </ul>	0	1	2	3		41 1 -	1	2	3
• A hunched over posture when getting up and walking	0								
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	1	2	3
Difficulty completing daily tasks	0					Difficulty community and in a six			
Confusion about dates, the passage of time, or place	0				-	Floators or halos in	1	2	3
Difficulty understanding visual images and spatial relationships (addresses and locations)	0 1				•	Dullness of colors in your visual field during different		2	
Difficulty finding words when speaking	0 1		2			Difficulty diagriculture 1 1 1 1 1 1		2	
Misplacement of things and inability to retrace steps	0 1		2 :			•	-		_
Poor judgment and bad decisions	0 1		2 :						
Disinterest in hobbies, social activities, or work	0 1		2 3						
Personality or mood changes	0 1								

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

SECTION 6					SECTION 9				
<ul> <li>Difficulty with detailed hand coordination</li> </ul>	0	1	2	3	A decrease in movement speed		0 1	1	2 3
<ul> <li>Difficulty with making decisions</li> </ul>	0	1	2	3	Difficulty initiating movement				2 3
<ul> <li>Difficulty with suppressing socially</li> </ul>					Stiffness in your muscles (not joints)		) 1		2 3
inappropriate thoughts	0	1	2	3	A stooped posture when walking				2 3
<ul> <li>Socially inappropriate behavior</li> </ul>	0	1	2	3	Cramping of your hand when writing				
<ul> <li>Decisions made based on desires, regardless of the consequences</li> </ul>	0	1	2	3	exampling of your hand whon writing	V	1 1		2 3
<ul> <li>Difficulty planning and organizing daily events</li> </ul>	0	1	2	3					
• Difficulty motivating yourself to start and finish tasks	0	1	2	3					
<ul> <li>A loss of attention and concentration</li> </ul>	0	1	2	3					
SECTION 7					SECTION 10				
Hypersensitivities to touch or pain	n	1	2	3		0			
Difficulty with spatial awareness when moving,	U		-	3	<ul> <li>Abnormal body movements (such as twitching legs)</li> <li>Desires to flinch, clear your throat,</li> </ul>	0	1	2	3
laying back in a chair, or leaning against a wall	0	1	2	3	or perform some type of movement	0	1	2	3
<ul> <li>Frequently bumping into the wall or objects</li> </ul>	0	1	2	3	Constant nervousness and a restless mind	0	1		3
<ul> <li>Difficulty with right-left discrimination</li> </ul>	0	1	2	3	Compulsive behaviors	0			3
<ul> <li>Handwriting has become sloppier</li> </ul>	0	1	2	3	Increased tightness and tone in specific muscles	0	1		_
<ul> <li>Difficulty with basic math calculations</li> </ul>	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					SECTION 11				
<ul> <li>Difficulty swallowing supplements or large bites of food</li> </ul>	0	1	2	3	Difficulty with balance, or balance that is noticeably worse on one side	0	- Janes	2	3
<ul> <li>Bowel motility and movements slow</li> </ul>	0	1	2	3	A need to hold the handrail or watch each step				
Bloating after meals	0	1	2	3	carefully when going down stairs	0	1	2	3
• Dry eyes or dry mouth	0	1	2	3	Episodes of dizziness	0	1	2	3
A racing heart	0	1	2	3	<ul> <li>Nausea, car sickness, or seasickness</li> </ul>	0	1	2	3
· A flutter in the chest or an abnormal heart rhythm	0	1	2	3	<ul> <li>A quick impact after consuming alcohol</li> </ul>	0	1	2	3
Bowel or bladder incontinence,					· A slight hand shake when reaching for something	0	1	2	3
resulting in staining your underwear	0	1	2	3	<ul> <li>Back muscles that tire quickly when standing or walking</li> </ul>	0	1	2	3
					Chronic neck or back muscle tightness		1		