## Brain Function Assessment Form™ (BFAF)

Name:				Age	: Sex: Date:		-		_
Please circle the appropriate number on all questions belo		0 a	s th	ie lea	t/never to 3 as the most/always.				
SECTION 1					SECTION 4				
A decrease in attention span	Λ	1	2	3		0	1	2	3
Mental fatigue	a	1	2		Difficulty understanding language with background			_	
Difficulty learning new things	0	-	2	10 <del>20</del> 0		0	1	2	3
Difficulty staying focused and concentrating		-	-	5	Ringing or buzzing in the ear	0	1	2	3
for extended periods of time	0	1	2	3	Difficulty comprehending language without perfect pronunciation	0	1	2	3
<ul> <li>Experiencing fatigue when reading sooner than in the past</li> </ul>	0	1	2	3		0	1	2	3
Experiencing fatigue when driving sooner than in the past	0	1	2	3	<ul> <li>Changes in comprehending the meaning of sentences, written or spoken</li> </ul>	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
<ul> <li>Handwriting has gotten smaller and more crowded together</li> </ul>	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
<ul> <li>Stiffness in shoulders and hips that goes away when you start to move</li> </ul>	0	1	2	3	Difficulty with long-term memory     Memory impairment when doing the basic activities	0	1	2	3
Constipation	0	1	2	3	of daily living	0	1	2	3
Voice has become softer	0	1	2	3	<ul> <li>Difficulty with directions and visual memory</li> </ul>	0	1	2	3
Facial expression that is serious or angry	0	1	2	3	Noticeable differences in energy levels throughout				
<ul> <li>Episodes of dizziness or light-headedness upon standing</li> </ul>	0	1	2	3	the day	0	1	2	3
• A hunched over posture when getting up and walking	0	1	2	3					
SECTION 3					SECTION 5				
<ul> <li>Memory loss that impacts daily activities</li> </ul>	0	1	2	3	Difficulty coordinating visual inputs				
<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	
Difficulty completing daily tasks	0	1	2	3	Difficulty comprehending written text		1	2	
· Confusion about dates, the passage of time, or place	0	1	2	3	Floaters or halos in your visual field	0	1	2	3
<ul> <li>Difficulty understanding visual images and spatial relationships (addresses and locations)</li> </ul>	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	2 3					
Personality or mood changes	0	1	2	2 3					

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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 2 3
<ul> <li>Difficulty with making decisions</li> </ul>	0	1	2	3	Difficulty initiating movement     0 1 2 3
<ul> <li>Difficulty with suppressing socially inappropriate thoughts</li> </ul>	0	1	2	3	• Stiffness in your muscles (not joints)  • A stooped posture when walking  • 1 2 3
<ul> <li>Socially inappropriate behavior</li> </ul>	0	1	2	3	
<ul> <li>Decisions made based on desires, regardless of the consequences</li> </ul>	0	1	2	3	Cramping of your hand when writing     0 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	0	1	2	3	Abnormal body movements (such as twitching legs)     0 1 2 3
<ul> <li>Difficulty with spatial awareness when moving,</li> </ul>					Desires to flinch, clear your throat,
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 2 3
<ul> <li>Difficulty with right-left discrimination</li> </ul>	0	1	2	3	Compulsive behaviors     0 1 2 3
<ul> <li>Handwriting has become sloppier</li> </ul>	0	1	2	3	<ul> <li>Increased tightness and tone in specific muscles</li> <li>0 1 2 3</li> </ul>
<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	
<ul> <li>Difficulty recognizing symbols, words, or letters</li> </ul>	0	1	2	3	
SECTION 8					SECTION 11
Difficulty swallowing supplements					Difficulty with balance, or balance that is
or large bites of food	0	1	2	3	noticeably worse on one side 0 1 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
<ul> <li>Dry eyes or dry mouth</li> </ul>	0	1	2	3	• Episodes of dizziness 0 1 2 3
A racing heart	0	1	2	3	Nausea, car sickness, or seasickness     0 1 2 3
· A flutter in the chest or an abnormal heart rhythm	0	1	2	3	A quick impact after consuming alcohol     0 1 2 3
<ul> <li>Bowel or bladder incontinence,</li> </ul>					A slight hand shake when reaching for something     0 1 2 3
resulting in staining your underwear	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