Brain Function Assessment Form™ (BFAF)

Ivaine:	-			-WR	c. Sex. Date.			-	attion and the
Please circle the appropriate number on all questions belo	W.	0 a	s tl	ne lea	st/never to 3 as the most/always.				
SECTION 1					SECTION 4				
A decrease in attention span	0	pares.	2	3	Reduced function in overall hearing	0	protect	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 for extended periods of time 	0	1	2	3	Ringing or buzzing in the ear Difficulty comprehending language without	0	Spend	2	3
Experiencing fatigue when reading sooner than in the past	0	1	2	3	perfect pronunciation Difficulty recognizing familiar faces			2	
Experiencing fatigue when driving sooner than in the past	0	1	2	3	Changes in comprehending the meaning of sentences, written or spoken	0	****	2	3
Need for caffeine to stay mentally alert	0		2		Difficulty with verbal memory and finding words			2	
Overall brain function impairs your daily life	0	100			Difficulty remembering events			2	
					Difficulty recalling previously learned facts and names	0	10	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	¥	2	3
when resting	0	1	2	3	Monotone, unemotional speech	0	Yeard	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	No.	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 when you start to move 	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	Difficulty with directions and visual memory	0	1	2	3
 Facial expression that is serious or angry 	0	Ĭ	2	3	Noticeable differences in energy levels throughout	0		2	2
 Episodes of dizziness or light-headedness upon standing 	0	1	2	3	the day	43	ž	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 and hand movements, resulting in an inability				
 Difficulty planning, problem solving, or working with numbers 	0	1	2	3	to efficiently reach for objects				
 Difficulty completing daily tasks 	0	1	2	3	Difficulty comprehending written text			2	
· Confusion about dates, the passage of time, or place	0	I	2	3	Floaters or halos in your visual field	13	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			
· Difficulty finding words when speaking	0	Ĭ	2	3	Difficulty discriminating similar shades of color	0	garage (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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Please circle the appropriate number on all questions below. 0 as the least/never to 3 as the most/always.

SECTION 6					SECTION 9			
 Difficulty with detailed hand coordination 	0	1	2	3		1	2	3
 Difficulty with making decisions 	0	M.	2	3	g	100	2	3
 Difficulty with suppressing socially inappropriate thoughts 	0	1	2	3	, , , , , , , , , , , , , , , , , , , ,	breed breed		
Socially inappropriate behavior	0	1	2	3		1		
Decisions made based on desires. regardless of the consequences	0	1	2	3	Cramping of your hand when writing	1	7	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					SECTION 10			
Hypersensitivities to touch or pain	0	1	2	3	Abnormal body movements (such as twitching legs)	1	2	3
Difficulty with spatial awareness when moving,					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	¥	2	3
 Frequently bumping into the wall or objects 	0	1	2	3	Constant nervousness and a restless mind	1	2	3
 Difficulty with right-left discrimination 	0	1	2	3	Compulsive behaviors	1	2	3
 Handwriting has become sloppier 	0	1	2	3	Increased tightness and tone in specific muscles	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					SECTION II			
 Difficulty swallowing supplements or large bites of food 	0	1	2	3	Difficulty with balance, or balance that is noticeably worse on one side	1	2	3
· Bowel motility and movements slow	0	1	2	3	 A need to hold the handrail or watch each step 			
Bloating after meals	0	1	2	3		1		
Dry eyes or dry mouth	0	1	2	3	Episodes of dizziness	1	2	3
A racing heart	0	1	2	3		1		
· A flutter in the chest or an abnormal heart rhythm	()	1	2	3	A quick impact after consuming alcohol	100	2	3
Bowel or bladder incontinence,					 A slight hand shake when reaching for something 	1	2	3
resulting in staining your underwear	0	1	2	3	Back muscles that tire quickly when standing or walking	1	2	3
			~		Chronic neck or back muscle tightness	1	2	3
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