



BRAIN FUNCTION ASSESSMENT FORM (BFAF)

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

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 consequences 0 ___1___ 2 ___3___
- Difficulty planning and organizing daily events 0 ___1___ 2 ___3___
- A loss of attention and concentration 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 stopped posture when walking 0 ___1___ 2 ___3___
- Cramping of your hand when writing 0 ___1___ 2 ___3___

Section 7

- Hypersensitivities to touch or pain 0 ___1___ 2 ___3___
- Difficulty with spatial awareness when moving, laying in a chair, or leaning against a wall 0 ___1___ 2 ___3___
- Frequently bumping in to objects 0 ___1___ 2 ___3___
- Difficulty with right-left hand discrimination 0 ___1___ 2 ___3___
- Handwriting has become sloppier 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 10

- Abnormal body movements (such as legs twitching) 0 ___1___ 2 ___3___
- Desire to flinch, clear your throat, or perform some type of movement 0 ___1___ 2 ___3___
- Constant nervousness and restless mind 0 ___1___ 2 ___3___
- Compulsive behaviors 0 ___1___ 2 ___3___
- Increased tightness and tone of specific muscles 0 ___1___ 2 ___3___

Section 8

- Difficulty swallowing supplements or large bites of food 0 ___1___ 2 ___3___
- Bowel motility and movements are 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 of underwear 0 ___1___ 2 ___3___

Section 11

- Difficulty with balance that is noticeably worse on one side 0 ___1___ 2 ___3___
- A need to hold the handrail or watch eat step carefully when going down stairs 0 ___1___ 2 ___3___
- Episodes of dizziness 0 ___1___ 2 ___3___
- Nausea, car sickness, or sea sickness 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___
- Chronic neck or back muscle tightness 0 ___1___ 2 ___3___



Brain Function Assessment Form (BFAF)

Name: _____ Age: _____ Sex: _____ Date: _____

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

Section 1

- A decrease in attention span 0 ___ 1 ___ 2 ___ 3 ___
- Mental fatigue 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty learning new things 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty staying focused and concentrating for extended periods of time 0 ___ 1 ___ 2 ___ 3 ___
- Experiencing fatigue when reading sooner than in the past 0 ___ 1 ___ 2 ___ 3 ___
- Experiencing fatigue when driving sooner than in the past 0 ___ 1 ___ 2 ___ 3 ___
- Need for caffeine to stay mentally alert 0 ___ 1 ___ 2 ___ 3 ___
- Overall brain function impairs your daily life 0 ___ 1 ___ 2 ___ 3 ___

Section 2

- Twitching or tremors in your hands and legs while resting 0 ___ 1 ___ 2 ___ 3 ___
- Handwriting has gotten smaller and more crowded together 0 ___ 1 ___ 2 ___ 3 ___
- A loss of smell to foods 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty sleeping or fitful sleep 0 ___ 1 ___ 2 ___ 3 ___
- Stiffness in shoulders and hips that goes away when you start to move 0 ___ 1 ___ 2 ___ 3 ___
- Constipation 0 ___ 1 ___ 2 ___ 3 ___
- Voice has become softer 0 ___ 1 ___ 2 ___ 3 ___
- Facial expressions that is serious or angry 0 ___ 1 ___ 2 ___ 3 ___
- Episodes of dizziness or light headedness upon standing 0 ___ 1 ___ 2 ___ 3 ___
- A hunched over posture when getting up and walking 0 ___ 1 ___ 2 ___ 3 ___

Section 3

- Memory loss that impacts daily activities 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty completing daily tasks 0 ___ 1 ___ 2 ___ 3 ___
- Confusion about dates, the passage of time, or place 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty understanding visual images and spatial relationships (addresses and locations) 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 changes or mood changes 0 ___ 1 ___ 2 ___ 3 ___

Section 4

- Reduced function in overall hearing 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty understanding language with background or scatter noise 0 ___ 1 ___ 2 ___ 3 ___
- Ringing or buzzing in the ear 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty comprehending the meaning of sentences, written or spoken 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty with verbal memory and finding words 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty remembering events 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty recalling previously learned facts and names 0 ___ 1 ___ 2 ___ 3 ___
- Inability to comprehend familiar words when read 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty spelling familiar words 0 ___ 1 ___ 2 ___ 3 ___
- Monotone, unemotional speech 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty understanding the emotions of others when they speak (nonverbal cues) 0 ___ 1 ___ 2 ___ 3 ___
- Disinterest in music and lack of appreciation for melodies 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty with long-term memory 0 ___ 1 ___ 2 ___ 3 ___
- Memory impairment when doing basic activities of daily living 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty with directions and visual memory 0 ___ 1 ___ 2 ___ 3 ___
- Noticeable differences in energy levels throughout the day 0 ___ 1 ___ 2 ___ 3 ___

Section 5

- Difficulty coordinating visual inputs and hand movements, resulting in an inability to efficiently reach for objects 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty comprehending written text 0 ___ 1 ___ 2 ___ 3 ___
- Floater or halos in your visual field 0 ___ 1 ___ 2 ___ 3 ___
- Dullness of colors in your visual field during different times of day 0 ___ 1 ___ 2 ___ 3 ___
- Difficulty discriminating similar shades of color 0 ___ 1 ___ 2 ___ 3 ___