



Brain Region Localization Form

INSTRUCTIONS:

The purpose of this questionnaire is to identify difficulties that you may be experiencing. Please answer every question, do not skip any questions. Follow the 0 to 4 key, and select which best fits for all of your answers.

NAME: _____

DATE: _____

KEY:

- 0 = I never have symptoms (0% of the time)
- 1 = I rarely have symptoms (Less than 25% of the time)
- 2 = I often have symptoms (Half of the time)
- 3 = I frequently have symptoms (75% of the time)
- 4 = I always have symptoms (100% of the time)

Frontal lobe Prefrontal, Dorsolateral and Orbitofrontal (Areas 9, 10, 11, and 12)		0	1	2	3	4
1.	Difficulty with restraint and controlling impulses or desires					
2.	Emotional instability (lability)					
3.	Difficulty planning and organizing					
4.	Difficulty making decisions					
5.	Lack of motivation, enthusiasm, interest and drive (apathetic)					
6.	Difficulty getting a sound or melody out of your thoughts (Perseveration)					
7.	Constantly repeat events or thoughts with difficulty letting go					
8.	Difficulty initiating and finishing tasks					
9.	Episodes of depression					
10.	Mental fatigue					
11.	Decrease in attention span					
12.	Difficulty staying focused and concentrating for extended periods of time					
13.	Difficulty with creativity, imagination, and intuition R					
14.	Difficulty in appreciating art and music R					
15.	Difficulty with analytical thought L					
16.	Difficulty with math, number skills and time consciousness L					
17.	Difficulty taking ideas, actions, and words and putting them in a linear sequence L					

Frontal Lobe Precentral and Supplementary Motor Areas (Area 4 and 6)		0	1	2	3	4
18.	Initiating movements with your arm or leg has become more difficult					
19.	Feeling of arm or leg heaviness, especially when tired					
20.	Increased muscle tightness in your arm or leg					
21.	Reduced muscle endurance in your arm or leg					
22.	Noticeable difference in your muscle function or strength from one side to the other					
23.	Noticeable difference in your muscle tightness from one side to the other					
Frontal Lobe Broca's Motor Speech Area (Area 44 and 45)		0	1	2	3	4
24.	Difficulty producing words verbally, especially when fatigued					
25.	Find the actual act of speaking difficult at times					
26.	Notice word pronunciation and speaking fluency change at times					
Parietal Somatosensory Area and Parietal Superior Lobule (Areas 3,1,2 and 7)		0	1	2	3	4
27.	Difficulty in perception of position of limbs					
28.	Difficulty with spatial awareness when moving, laying back in a chair, or leaning against a wall					
29.	Frequently bumping body or limbs into the wall or objects accidentally					
30.	Reoccurring injury in the same body part or side of the body					
31.	Hypersensitivities to touch or pain perception					



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Parietal Inferior Lobule (Area 39 and 40)		0	1	2	3	4
32.	Right/left confusion <input type="checkbox"/> L					
33.	Difficulty with math calculations <input type="checkbox"/> L					
34.	Difficulty finding words <input type="checkbox"/> L					
35.	Difficulty with writing <input type="checkbox"/> L					
36.	Difficulty recognizing symbols or shapes <input type="checkbox"/> R					
37.	Difficulty with simple drawings <input type="checkbox"/> R					
38.	Difficulty interpreting maps <input type="checkbox"/> R					
Temporal Lobe Auditory Cortex (Areas 41, 42)		0	1	2	3	4
39.	Reduced function in overall hearing					
40.	Difficulty interpreting speech with background or scatter noise					
41.	Difficulty comprehending language without perfect pronunciation					
42.	Need to look at someone's mouth when they are speaking to understand what they are saying					
43.	Difficulty in localizing sound					
44.	Dislike of left predictable rhythmic, repeated tempo and beat music <input type="checkbox"/> L					
45.	Dislike of non-predictable rhythmic with multiple instruments <input type="checkbox"/> R					
46.	Noticeable ear preference when using your phone	right, left, no preference				
Temporal Lobe Auditory Association Cortex (Area 22)		0	1	2	3	4
47.	Difficulty comprehending meaning of spoken word <input type="checkbox"/> L					
48.	Tend toward monotone speech without fluctuations or emotions <input type="checkbox"/> R					

Medial Temporal lobe and Hippocampus		0	1	2	3	4
49.	Memory less efficient					
50.	Memory loss that impacts daily activities					
51.	Confusion about dates, the passage of time, or place					
52.	Difficulty remembering events					
53.	Misplacement of things and difficulty retracing steps					
54.	Difficulty with memory of locations (addresses) <input type="checkbox"/> R					
55.	Difficulty with visual memory <input type="checkbox"/> R					
56.	Always forgetting where you put items such as keys, wallet, phone, etc. <input type="checkbox"/> R					
57.	Difficulty remembering faces <input type="checkbox"/> R					
58.	Difficulty remembering names with faces <input type="checkbox"/> L					
59.	Difficulty with remembering words <input type="checkbox"/> L					
60.	Difficulty remembering numbers <input type="checkbox"/> L					
61.	Difficulty remembering to stay or be on time <input type="checkbox"/> L					
Occipital Lobe (Area, 17, 18, and 19)		0	1	2	3	4
62.	Difficulty in discriminating similar shades of color					
63.	Dullness of colors in visual field					
64.	Difficulty coordinating visual inputs and hand movements, resulting in an inability to efficiently reach out for objects					
66.	Floater or halos in visual field					



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Cerebellum - Spinocerebellum		0	1	2	3	4
67.	Difficulty with balance, or balance that is worse on one side					
68.	A need to hold the handrail or watch each step carefully when going down stairs					
69.	Feeling unsteady and prone to falling in the dark					
70.	Proness to sway to one side when walking or standing					
Cerebellum - Cerebrocerebellum		0	1	2	3	4
71.	Recent clumsiness in hands					
72.	Recent clumsiness in feet or frequent tripping					
73.	A slight hand shake when reaching for something at the end of movement					
Cerebellum - Vestibulocerebellum		0	1	2	3	4
74.	Episodes of dizziness or disorientation					
75.	Back muscles that tire quickly when standing or walking					
76.	Chronic neck or back muscle tightness					
77.	Nausea, car sickness, or sea sickness					
78.	Feeling of disorientation or shifting of the environment					
79.	Crowded places cause anxiety					
Basal Ganglia Direct Pathway		0	1	2	3	4
80.	Slowness in movements					
81.	Stiffness in your muscles (not joints) that goes away when you move					

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82.	Cramping of hands when writing					
83.	A stooped posture when walking					
84.	Voice has become softer					
85.	Facial expression changed leading people to frequently ask if you are upset or angry					
Basal Ganglia Indirect Pathway		0	1	2	3	4
86.	Uncontrollable muscle movements					
87.	Intense need to clear your throat regularly or contract a group of muscles					
88.	Obsessive compulsive tendencies					
89.	Constant nervousness and restless mind					
Autonomic Reduced Parasympathetic Activity		0	1	2	3	4
90.	Dry mouth or eyes					
91.	Difficulty swallowing supplements or large bites of food					
92.	Slow bowel movements and tendency for constipation					
93.	Chronic digestive complaints					
94.	Bowel or bladder incontinence resulting in staining your underwear					
Autonomic Increased Sympathetic Activity		0	1	2	3	4
95.	Tendency for anxiety					
96.	Easily startled					
97.	Difficulty relaxing					
98.	Sensitive to bright or flashing lights					
99.	Episodes of racing heart					
100.	Difficulty sleeping					



Brain Region Localization Form

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Epileptiform Activity	Yes / No
Have you ever been diagnosed with a seizure disorder?	Yes / No
Have you ever been diagnosed with epilepsy?	Yes / No
Have you ever been told that you seemed frozen, absent, or tuned out at times without any recollection of the event?	Yes / No
Have you ever experienced sudden muscle stiffness and rigidity throughout your body?	Yes / No
Have you ever experienced sudden muscle jerks throughout your body?	Yes / No
Have you ever experienced a total loss of your muscle tone that lead to loss of control of your muscles or a fall?	Yes / No
Have you ever been told that you stare into space while you're lip smacking, chewing, or fidgeting that you are not aware of?	Yes / No
Do you ever experience sudden emotional responses such as anxiety, sadness, cry, or laugh for no real reason?	Yes / No
Do you ever experience sudden racing heart rate, sudden loss of bladder function, intestinal spasm, respiration, sweating, or any other sudden changes of function?	Yes / No
Do you ever experience sudden involuntary muscle contractures or jerks in any individual parts of your limbs or face?	Yes / No
Do you ever experience sudden involuntary head rotation and your eyes move forcefully to one side?	Yes / No
Do you ever experience sudden involuntary shift in your eyes to the side or upwards?	Yes / No
Do you ever experience sudden vocalization of random words or notice a sudden inability to speak?	Yes / No
Do you ever experience any spontaneous sensations of tingling, pins and needles" numbness, coldness, burning or other random sensations in any region of your body?	Yes / No
Do you ever experience a ringing sensation in your ears (tinnitus), sounds, or voices spontaneously?	Yes / No
Do you ever experience spontaneous perception of smells such as burning rubber, foul smells, or other odors without finding the source of the odor?	Yes / No
Do you ever experience flashing lights, stars, or jagged lines in your visual field?	Yes / No

SIGNATURE: _____

DATE: _____



Peripheral Nerve Localization Form

INSTRUCTIONS:

The purpose of this questionnaire is to identify difficulties that you may be experiencing. Please answer every question, do not skip any questions and select which best fits for all of your answers.

NAME: _____

DATE: _____

Peripheral Nerves Intake		Yes	No	Pain Level																		
				0	1	2	3	4	5	6	7	8	9	10								
1.	Do you have pain in your spine?	Yes	No																			
2.	Do you have pain in your arms?	Yes	No																			
3.	Do you have pain in your legs?	Yes	No																			
4.	Do you have pain over your abdomen / torso?	Yes	No																			
5.	Do you have weakness in your back?	Yes	No																			
6.	Do you have weakness in your shoulders?	Yes	No																			
7.	Do you have weakness in your hips or glutes?	Yes	No																			
8.	Do you have weakness in your arms?	Yes	No		Mild		Moderate			Severe												
9.	Do you have weakness in your legs?	Yes	No		Mild		Moderate			Severe												
10.	Do you have weakness in your feet?	Yes	No		Mild		Moderate			Severe												
11.	Do you have weakness on one side of the body?	Yes	No		Mild		Moderate			Severe												
12.	Do you have cramping?	Yes	No		Mild		Moderate			Severe												
13.	Do you get weak with exercises or movement?	Yes	No		Mild		Moderate			Severe												
14.	Do your muscles cramp and freeze with movement?	Yes	No		Mild		Moderate			Severe												
15.	Do you have a loss in muscle size? Where: _____	Yes	No		Mild		Moderate			Severe												
16.	Have your noticed your muscles jumping? Where: _____	Yes	No		Mild		Moderate			Severe												
17.	Do you have weakness with your face?	Yes	No		Mild		Moderate			Severe												
18.	Do you have problems talking?	Yes	No		Mild		Moderate			Severe												
19.	Do you have problems swallowing?	Yes	No		Mild		Moderate			Severe												
20.	Do you have sensory loss or pain down your arm?	Yes	No		Mild		Moderate			Severe												
21.	Do you have sensory loss or pain down your leg?	Yes	No		Mild		Moderate			Severe												
22.	Do you have sensory loss on once side of the body?	Yes	No		Mild		Moderate			Severe												
23.	Do your have sensory loss over your shoulders?	Yes	No		Mild		Moderate			Severe												
24.	Do you have sensory loss with one arm or portion of the arm?	Yes	No		Mild		Moderate			Severe												
25.	Do you have sensory loss with one or both hands or a single finger? If so, which areas: _____	Yes	No		Mild		Moderate			Severe												
26.	Do you have bowel or bladder control issues?	Yes	No		Mild		Moderate			Severe												
27.	Do you have sensory loss over your abdomen or torso?	Yes	No		Mild		Moderate			Severe												
28.	Do you have pain or sensory loss over your hips?	Yes	No		Mild		Moderate			Severe												
29.	Do you have pain or sensory loss in one or both legs?	Yes	No		Mild		Moderate			Severe												
30.	Do you have sensory loss in your feet or a portion of your foot. If so where: _____	Yes	No		Mild		Moderate			Severe												
31.	Do you have sensory loss in your face? If so where: _____	Yes	No		Mild		Moderate			Severe												
32.	Do you have high arches?	Yes	No																			
33.	Do you have hammertoes?	Yes	No																			



Peripheral Nerve Localization Form

INSTRUCTIONS:

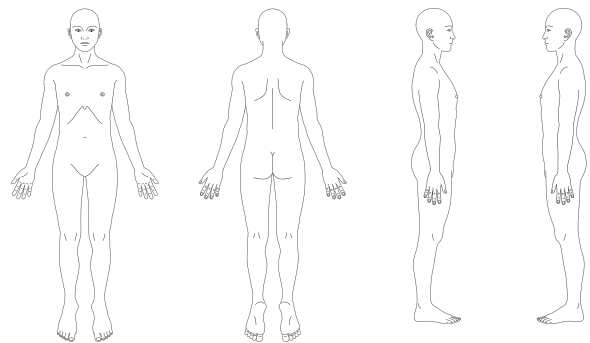
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NAME: _____

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Gait:		Yes	No	Pain Level		
1.	Do you fall frequently? How Often: _____	Yes	No			
2.	Do you have a hard time standing on your toes or heels?	Yes	No	Mild	Moderate	Severe
3.	Do you fall to one side?	Yes	No	Mild	Moderate	Severe
4.	Do you walk with your legs wide or far apart?	Yes	No	Mild	Moderate	Severe
5.	Do you waddle when you walk?	Yes	No	Mild	Moderate	Severe
6.	Do you have a hard time going up or down stairs?	Yes	No	Mild	Moderate	Severe
7.	Is one or both arms tight or spastic?	Yes	No	Mild	Moderate	Severe
8.	Is one or both of your legs spastic?	Yes	No	Mild	Moderate	Severe
9.	Do your feet slap when you walk?	Yes	No	Mild	Moderate	Severe
10.	Do you have to high step when you walk?	Yes	No	Mild	Moderate	Severe
11.	Do you shuffle when you walk?	Yes	No	Mild	Moderate	Severe
12.	Is it hard to start walking?	Yes	No	Mild	Moderate	Severe
13.	Is it hard to turn if you stop walking?	Yes	No	Mild	Moderate	Severe

DOCTOR USE ONLY:



SIGNATURE: _____

DATE: _____