Brain Function Assessment Form™ (BFAF)

Name:				A	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						SECTION 4						
• A decrease in attention span	0	1	2	3	3	• Reduced function in overall hearing	0	1	2	3		
Mental fatigue	0	1	2	3	3	• Difficulty understanding language with background						
• Difficulty learning new things	0	1	2	3	3	or scatter noise			2			
 Difficulty staying focused and concentrating for extended periods of time 	0	1	2	3	3	Ringing or buzzing in the earDifficulty comprehending language without			2			
• Experiencing fatigue when reading sooner than in the past	0	1	2	3	3	perfect pronunciationDifficulty recognizing familiar faces			2			
• Experiencing fatigue when driving sooner than in the past	0	1	2	3	3	• Changes in comprehending the meaning of sentences, written or spoken	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	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	3	• Monotone, unemotional speech	0	1	2	3		
 Handwriting has gotten smaller and more crowded together 	0	1	2	3	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	3	• Disinterest in music and a lack of appreciation						
Difficulty sleeping or fitful sleep	0	1	2	3	3	for melodies			2			
 Stiffness in shoulders and hips that goes away when you start to move 	0	1	2	3		Difficulty with long-term memory	0	1	2	3		
• Constipation	0		2			 Memory impairment when doing the basic activities of daily living 	0	1	2	3		
Voice has become softer	0		2			Difficulty with directions and visual memory	0	1	2	3		
Facial expression that is serious or angry	0	1	2	3	,	Noticeable differences in energy levels throughout						
Episodes of dizziness or light-headedness upon standing	0	1	2	3	3	the day	0	1	2	3		
• A hunched over posture when getting up and walking	0	1	2	3	3							
SECTION 3						SECTION 5						
 Memory loss that impacts daily activities 	0	1	2	3	3	Difficulty coordinating visual inputs						
 Difficulty planning, problem solving, or working with numbers 	0	1	2	3	3	and hand movements, resulting in an inability to efficiently reach for objects			2			
• Difficulty completing daily tasks	0	1	2	3	3	Difficulty comprehending written text	•		2			
• Confusion about dates, the passage of time, or place	0	1	2	3	3	• Floaters or halos in your visual field	0	1	2	3		
• Difficulty understanding visual images and spatial relationships (addresses and locations)	0	1	2	3	3	Dullness of colors in your visual field during different times of the day	0		2			
• Difficulty finding words when speaking	0	1	2	3	3	Difficulty discriminating similar shades of color	0	1	2	3		
• Misplacement of things and inability to retrace steps	0	1	2	3	3							
• Poor judgment and bad decisions	0	1	2	3	3							
• Disinterest in hobbies, social activities, or work	0	1	2	3	3							
• Personality or mood changes	0	1	2	3	3							

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 SECTION 6 Difficulty with detailed hand coordination Difficulty with making decisions Difficulty with suppressing socially inappropriate thoughts Socially inappropriate behavior Decisions made based on desires, regardless of the consequences Difficulty planning and organizing daily events Difficulty motivating yourself to start and finish tasks A loss of attention and concentration 	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2	3 3 3 3 3	 SECTION 9 A decrease in movement speed Difficulty initiating movement Stiffness in your muscles (not joints) A stooped posture when walking Cramping of your hand when writing 	0 0	1 1 1	2 2	2 3 2 3 2 3 2 3 2 3
 SECTION 7 Hypersensitivities to touch or pain Difficulty with spatial awareness when moving, laying back in a chair, or leaning against a wall Frequently bumping into the wall or objects Difficulty with right-left discrimination Handwriting has become sloppier Difficulty with basic math calculations Difficulty finding words for written or verbal communication Difficulty recognizing symbols, words, or letters 	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2	3 3 3 3	 SECTION 10 Abnormal body movements (such as twitching legs) Desires to flinch, clear your throat, or perform some type of movement Constant nervousness and a restless mind Compulsive behaviors Increased tightness and tone in specific muscles 	0 0	1 1 1	2 2	2 3 2 3 2 3 2 3 2 3
 SECTION 8 Difficulty swallowing supplements or large bites of food Bowel motility and movements slow Bloating after meals Dry eyes or dry mouth A racing heart A flutter in the chest or an abnormal heart rhythm Bowel or bladder incontinence, resulting in staining your underwear 	0 0 0 0	1 1 1 1 1	2 2 2 2 2	3 3 3 3	 SECTION 11 Difficulty with balance, or balance that is noticeably worse on one side A need to hold the handrail or watch each step carefully when going down stairs Episodes of dizziness Nausea, car sickness, or seasickness A quick impact after consuming alcohol A slight hand shake when reaching for something Back muscles that tire quickly when standing or walking Chronic neck or back muscle tightness 	0 0 0 0	1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3