

# 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.

# 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 = 1 frequently have symptoms (75% of the time)
- 4 = I always have symptoms (100% of the time)

### DATE:

Dor	ntal lobe Prefrontal, solateral and Orbitofrontal eas 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					
14.	Difficulty in appreciating art and music					
15.	Difficulty with analytical thought L					
16.	Difficulty with math, number skills and time consciousness					
17.	Difficulty taking ideas, actions, and words and putting them in a linear sequence					

Sup	ntal Lobe Precentral and plementary or 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					
	ntal Lobe Broca's Motor Speech a (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					
and	etal Somatosensory Area Parietal Superior Lobule eas 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 accidently					
30.	Reoccurring injury in the same body part or side of the body					
31.	Hypersensitivities to touch or pain perception					

#### NAME:



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	etal Inferior Lobule ea 39 and 40)	0	1	2	3	4
32.	Right/left confusion					
33.	Difficulty with math calculations					
34.	Difficulty finding words					
35.	Difficulty with writing					
36.	Difficulty recognizing symbols or shapes					
37.	Difficulty with simple drawings R					
38.	Difficulty interpreting maps					
	nporal Lobe Auditory Cortex eas 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					
45.	Dislike of non-predictable rhythmic with multiple instruments					
46.	Noticeable ear preference when using your phone		ght oref			
	nporal Lobe Auditory Association tex (Area 22)	0	1	2	3	4
47.	Difficulty comprehending meaning of spoken word					
48.	Tend toward monotone speech without fluctuations or emotions					

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	dial Temporal lobe and Docampus	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)					
55.	Difficulty with visual memory R					
56.	Always forgetting where you put items such as keys, wallet, phone, etc.					
57.	Difficulty remembering faces R					
58.	Difficulty remembering names with faces					
59.	Difficulty with remembering words					
60.	Difficulty remembering numbers L					
61.	Difficulty remembering to stay or be on time					
	sipital Lobe ea, 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					



# Brain Region Localization Form

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Cer	ebellum - 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					
Cer	ebellum - 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					
Cer	ebellum - 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					
Bas	al 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 writingIIIII83.A stooped posture when walkingIIIII84.Voice has become softerIIIIII85.Facial expression changed leading people to frequently ask if you are upset or angryIII <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
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87.Intense need to clear your throat regularly or contract a group of musclesImage: Second se	Bas	al Ganglia Indirect Pathway	0	1	2	3	4
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96.Easily startledImage: Constraint of the start			0	1	2	3	4
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98. Sensitive to bright or flashing lights   99. Episodes of racing heart	96.	Easily startled					
99. Episodes of racing heart	97.	Difficulty relaxing					
	98.	Sensitive to bright or flashing lights					
100. Difficulty sleeping	99.	Episodes of racing heart					
	100.	Difficulty sleeping					



# INSTRUCTIONS:

The purpose of this questionnaire is to identify difficulties that you may be experiencing. Please select yes or no.

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