



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 | | | | | |



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.

| 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) |

| 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 | | | | | |



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.

| 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 | | | | | |

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)

| 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

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 |

SIGNATURE: _____

DATE: _____