

BSQ - Brain Symptoms Questionnaire

True Health Family Wellness Center; 900 Hendersonville Road Suite 307 Asheville, NC 28803 Phone 277-1414

Rate each of the following symptoms, habits, tendencies as to how frequent and severe you notice them...

Point Scale:	2 = Mildly noticeable, occasional, moderate to severe
0 = Never or almost never have the symptom	3 = Moderately noticeable, more frequent, more severe
1 = Slightly noticeable, occasional and mild	4 = Very noticeable, very often, and severe

NAME _____

DATE _____

FRONTAL LOBES	<input type="checkbox"/> Cant stay attentive or focused <input type="checkbox"/> Make careless mistakes <input type="checkbox"/> Distractibility <input type="checkbox"/> Lack of clear goals <input type="checkbox"/> Difficulty expressing empathy <input type="checkbox"/> Excessive daydreaming <input type="checkbox"/> Boredom <input type="checkbox"/> Talking too much <input type="checkbox"/> Difficulty waiting your turn <input type="checkbox"/> Trouble listening <input type="checkbox"/> Poor follow through, finishing projects <input type="checkbox"/> Poor planning skills <input type="checkbox"/> Difficulty expressing feelings <input type="checkbox"/> Apathy or lack of motivation <input type="checkbox"/> Feeling of spaciness or "in a fog" <input type="checkbox"/> Restlessness or trouble sitting still <input type="checkbox"/> Conflict seeking <input type="checkbox"/> Blurting answers before question is complete <input type="checkbox"/> Interrupting others <input type="checkbox"/> Trouble learning from mistakes <p style="text-align: right;">TOTAL _____</p>	BASAL GANGLIA	<input type="checkbox"/> Nervousness or anxiety <input type="checkbox"/> Panic attacks <input type="checkbox"/> Nausea or abdominal upset <input type="checkbox"/> Dizzy, faint, or unsteady <input type="checkbox"/> Tendency to predict the worst <input type="checkbox"/> Avoid public places <input type="checkbox"/> Persistent phobias <input type="checkbox"/> Low motivation <input type="checkbox"/> Shy or timid <input type="checkbox"/> Muscle tremors or twitching <input type="checkbox"/> Heart pounding or palpitations <input type="checkbox"/> Feeling smothered or trouble breathing <input type="checkbox"/> Sweating, hot or cold flashes, cold hands <input type="checkbox"/> Fear of dying <input type="checkbox"/> Avoid conflict <input type="checkbox"/> Fear of being judged or scrutinized <input type="checkbox"/> Worry about what others think <input type="checkbox"/> Embarrassed easily <p style="text-align: right;">TOTAL _____</p>
LIMBIC/AMYGDALA	<input type="checkbox"/> Feelings of sadness <input type="checkbox"/> Negativity <input type="checkbox"/> Irritability <input type="checkbox"/> Low or decreased interest in others <input type="checkbox"/> Feeling dissatisfied or bored <input type="checkbox"/> Excessive guilt <input type="checkbox"/> Suicidal feelings <input type="checkbox"/> Crying <input type="checkbox"/> Forgetfulness <input type="checkbox"/> Low self esteem <input type="checkbox"/> Moodiness <input type="checkbox"/> Low energy <input type="checkbox"/> Feelings of hopelessness about the future <input type="checkbox"/> Decreased or low interest in having "fun" <input type="checkbox"/> Changes in sleep habits (too much or too little) <input type="checkbox"/> Appetite changes (too much or too little) <input type="checkbox"/> Decreased interest in sex <input type="checkbox"/> Poor concentration <input type="checkbox"/> Sensitivity to smells or odors <p style="text-align: right;">TOTAL _____</p>	TEMPORAL LOBES	<input type="checkbox"/> Short fuse, extremely irritable <input type="checkbox"/> Interpret comments as negative <input type="checkbox"/> Spaciness or confusion <input type="checkbox"/> Visual or hearing changes <input type="checkbox"/> Sensitivity or mild paranoia <input type="checkbox"/> History of head injury <input type="checkbox"/> Forgetfulness <input type="checkbox"/> Reading comprehension problems <input type="checkbox"/> Rage with little provocation <input type="checkbox"/> Irritability, builds to rage, explodes, then tired <input type="checkbox"/> Panic or fear for no reason <input type="checkbox"/> Frequent déjà vu <input type="checkbox"/> Headaches or abdominal pain <input type="checkbox"/> Preoccupation with moral or religious ideas <input type="checkbox"/> Dark thoughts, suicide, homicide <p style="text-align: right;">TOTAL _____</p>
CINGULATE GYRUS	<input type="checkbox"/> Excessive or senseless worrying <input type="checkbox"/> Upset with things out of place <input type="checkbox"/> Tend to have repetitive negative thoughts <input type="checkbox"/> Intense dislike of change <input type="checkbox"/> Trouble shifting attention <input type="checkbox"/> Difficulty seeing options <input type="checkbox"/> Upset unless things are done a certain way <input type="checkbox"/> You worry too much <input type="checkbox"/> Upset when things don't "go your way" <input type="checkbox"/> Oppositional or argumentative <input type="checkbox"/> Hold grudges <input type="checkbox"/> Hold your own opinion, don't listen to others <input type="checkbox"/> Get locked in a course of action <input type="checkbox"/> Say no without thinking it over <p style="text-align: right;">TOTAL _____</p>	RESULTS	FRONTAL..... LIMBIC..... BASAL GANGLIA..... CINGULATE..... TEMPORAL.....