

BSQ - BRAIN Symptoms Questionnaire

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

Point Scale:

0 = Never or almost never have the symptom
 1 = Slightly noticeable, occasional and mild

2 = Mildly noticeable, occasional, moderate to severe
 3 = Moderately noticeable, more frequent, more severe
 4 = Very noticeable, very often, and severe

NAME:

RIGHT BRAIN HEMISPHERICITY SYMPTOMS	<input type="checkbox"/> Difficulty focusing attention <input type="checkbox"/> Distractible <input type="checkbox"/> Impulsive <input type="checkbox"/> Compulsive <input type="checkbox"/> Obsessive <input type="checkbox"/> Repetitive thoughts / actions <input type="checkbox"/> Tend to avoid eye contact <input type="checkbox"/> Tend to focus on small details <input type="checkbox"/> Difficulty remembering directions <input type="checkbox"/> Get lost easily <input type="checkbox"/> Tend to be anxious / anxiety <input type="checkbox"/> Hyperactive <input type="checkbox"/> Tend to be less expressive in voice/face <input type="checkbox"/> Tend to misread body language/facial exp. <input type="checkbox"/> Tend to misread emotions in others <input type="checkbox"/> Tend to be sarcastic <input type="checkbox"/> Tend to overanalyze <input type="checkbox"/> Tend to be more literal <input type="checkbox"/> Last person to get the joke/don't get jokes <input type="checkbox"/> Reading comprehension low <input type="checkbox"/> Poor time estimation <input type="checkbox"/> Tend to be late <input type="checkbox"/> Notice great details about your environment <input type="checkbox"/> Unable to tune out distractions <input type="checkbox"/> Tend to rush to judgement <input type="checkbox"/> Difficulty interpreting symbolism <input type="checkbox"/> Tone deaf <input type="checkbox"/> Poor musical ability <input type="checkbox"/> Difficulty identifying voices <input type="checkbox"/> Difficulty or slow decision making <input type="checkbox"/> Tend not to see the whole picture <input type="checkbox"/> Can't decide what my purpose is <input type="checkbox"/> The inappropriate extrovert <input type="checkbox"/> Trouble understanding context <input type="checkbox"/> Body image distortion <input type="checkbox"/> Difficulty interpreting a word or situation <input type="checkbox"/> Insomnia <input type="checkbox"/> Curious approach type behavior <input type="checkbox"/> Heart Tachycardia (fast)		<input type="checkbox"/> Poor reading ability <input type="checkbox"/> Dyslexia <input type="checkbox"/> Speech developed slower <input type="checkbox"/> Poor memory for facts and figures <input type="checkbox"/> Difficulty with math calculations <input type="checkbox"/> Tend to see the big picture and miss the details <input type="checkbox"/> Difficulty "getting people to understand" <input type="checkbox"/> Use lots of nonverbal communication <input type="checkbox"/> Trouble finding the "right words" <input type="checkbox"/> Make errors while talking <input type="checkbox"/> Hesitancy while talking or describing <input type="checkbox"/> Difficult intellectual or analytical thought <input type="checkbox"/> Need to have the job/project detailed or described several times <input type="checkbox"/> Enjoy music <input type="checkbox"/> Enjoy drawing <input type="checkbox"/> Speak with an accent unlike your family <input type="checkbox"/> Less attention to grooming <input type="checkbox"/> Stuttering <input type="checkbox"/> Slow mover <input type="checkbox"/> Need prompting to start an activity <input type="checkbox"/> Poor handwriting <input type="checkbox"/> Difficulty with fine motor control Ie. Threading a needle Turning a small screw <input type="checkbox"/> Tend to be shy, withdrawn <input type="checkbox"/> Tendency toward anger <input type="checkbox"/> Tend to be more negative <input type="checkbox"/> Tend to be more sad <input type="checkbox"/> Tend to be extremely cautious or pessimistic <input type="checkbox"/> Tend towards depression, feeling low <input type="checkbox"/> Tend to lack motivation <input type="checkbox"/> The quiet introvert <input type="checkbox"/> Slower speaking an moving <input type="checkbox"/> Lower IQ <input type="checkbox"/> Problems with grammar, language <input type="checkbox"/> Clumsy <input type="checkbox"/> Uncoordinated <input type="checkbox"/> Heart Arrhythmia	
	TOTAL _____		TOTAL _____	
	LEFT BRAIN HEMISPHERICITY SYMPTOMS			

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: center;">TOTAL _____</p>	Temporal	<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: center;">TOTAL _____</p>
Frontal	<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: center;">TOTAL _____</p>	Limbic	<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: center;">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: center;">TOTAL _____</p>		<p style="text-align: center;">GRAND TOTAL _____</p>