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)
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NAME: DATE:

Dor	ntal lobe Prefrontal, solateral and Orbitofrontal eas 9, 10, 11, and 12)			L	.eve	el	
1.	Difficulty with restraint and controlling impulses or desires		0	1	2	3	4
2.	Emotional instability (lability)		0	1	2	3	4
3.	Difficulty planning and organizin	g	0	1	2	3	4
4.	Difficulty making decisions		0	1	2	3	4
5.	Lack of motivation, enthusiasm, interest and drive (apathetic)		0	1	2	3	4
6.	Difficulty getting a sound or melody out of your thoughts (Perseveration)		0	1	2	3	4
7.	Constantly repeat events or thoughts with difficulty letting go		0	1	2	3	4
8.	Difficulty initiating and finishing tasks		0	1	2	3	4
9.	Episodes of depression		0	1	2	3	4
10.	Mental fatigue		0	1	2	3	4
11.	Decrease in attention span		0	1	2	3	4
12.	Difficulty staying focused and concentrating for extended periods of time		0	1	2	3	4
13.	Difficulty with creativity, imagination, and intuition	R	0	1	2	3	4
14.	Difficulty in appreciating art and music	R	0	1	2	3	4
15.	Difficulty with analytical thought	L	0	1	2	3	4
16.	Difficulty with math, number skills and time consciousness	L	0	1	2	3	4
17.	Difficulty taking ideas, actions, and words and putting them in a linear sequence	L	0	1	2	3	4

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Sup	ntal Lobe Precentral and plementary or Areas (Area 4 and 6)		L	.eve	el	
18.	Initiating movements with your arm or leg has become more difficult	0	1	2	3	4
19.	Feeling of arm or leg heaviness, especially when tired	0	1	2	3	4
20.	Increased muscle tightness in your arm or leg	0	1	2	3	4
21.	Reduced muscle endurance in your arm or leg	0	1	2	3	4
22.	Noticeable difference in your muscle function or strength from one side to the other	0	1	2	3	4
23.	Noticeable difference in your muscle tightness from one side to the other	0	1	2	3	4
	ntal Lobe Broca's Motor Speech a (Area 44 and 45)		L	.eve	el	
24.	Difficulty producing words verbally, especially when fatigued	0	1	2	3	4
25.	Find the actual act of speaking difficult at times	0	1	2	3	4
26.	Notice word pronunciation and speaking fluency change at times	0	1	2	3	4
and	etal Somatosensory Area Parietal Superior Lobule eas 3,1,2 and 7)		L	.eve	el	
27.	Difficulty in perception of position of limbs	0	1	2	3	4
28.	Difficulty with spatial awareness when moving, laying back in a chair, or leaning against a wall	0	1	2	3	4
29.	Frequently bumping body or limbs into the wall or objects accidently	0	1	2	3	4
30.	Reoccurring injury in the same body part or side of the body	0	1	2	3	4
31.	Hypersensitivities to touch or pain perception	0	1	2	3	4

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	etal Inferior Lobule ea 39 and 40)			L	.eve	el	
32.	Right/left confusion	L	0	1	2	3	4
33.	Difficulty with math calculations	L	0	1	2	3	4
34.	Difficulty finding words	L	0	1	2	3	4
35.	Difficulty with writing	L	0	1	2	3	4
36.	Difficulty recognizing symbols or shapes	R	0	1	2	3	4
37.	Difficulty with simple drawings	R	0	1	2	3	4
38.	Difficulty interpreting maps	R	0	1	2	3	4
	nporal Lobe Auditory Cortex eas 41, 42)			L	.eve	el	
39.	Reduced function in overall hearing		0	1	2	3	4
40.	Difficulty interpreting speech with background or scatter noise	h	0	1	2	3	4
41.	Difficulty comprehending langua without perfect pronunciation	ige	0	1	2	3	4
42.	Need to look at someone's mouth when they are speaking to understand what they are saying		0	1	2	3	4
43.	Difficulty in localizing sound		0	1	2	3	4
44.	Dislike of left predictable rhythm repeated tempo and beat music		0	1	2	3	4
45.	Dislike of non-predictable rhythm with multiple instruments	nic R	0	1	2	3	4
46.	Noticeable ear preference when using your phone		-	-	, le ere		
	nporal Lobe Auditory Association tex (Area 22)			L	.eve	əl	
47.	Difficulty comprehending meaning of spoken words	L	0	1	2	3	4
48.	Tend toward monotone speech without fluctuations or emotions	R	0	1	2	3	4

	dial Temporal lobe and oocampus			L	.eve	el	
49.	Memory less efficient		0	1	2	3	4
50.	Memory loss that impacts daily activities		0	1	2	3	4
51.	Confusion about dates, the passage of time, or place		0	1	2	3	4
52.	Difficulty remembering events		0	1	2	3	4
53.	Misplacement of things and difficulty retracing steps		0	1	2	3	4
54.	Difficulty with memory of locations (addresses)	R	0	1	2	3	4
55.	Difficulty with visual memory	R	0	1	2	3	4
56.	Always forgetting where you put items such as keys, wallet, phone, etc.	R	0	1	2	3	4
57.	Difficulty remembering faces	R	0	1	2	3	4
58.	Difficulty remembering names with faces	L	0	1	2	3	4
59.	Difficulty with remembering words	L	0	1	2	3	4
60.	Difficulty remembering numbers	L	0	1	2	3	4
61.	Difficulty remembering to stay or be on time (reduced left)	L	0	1	2	3	4
	sipital Lobe ea, 17, 18, and 19)		Level				
62.	Difficulty in discriminating similar shades of color		0	1	2	3	4
63.	Dullness of colors in visual field		0	1	2	3	4
64.	Difficulty coordinating visual input and hand movements, resulting it an inability to efficiently reach out for objects	n	0	1	2	3	4
66.	Floater or halos in visual field		0	1	2	3	4

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Cer	ebellum - Spinocerebellum		L	eve	el —	
67.	Difficulty with balance, or balance that is worse on one side	0	1	2	3	4
68.	A need to hold the handrail or watch each step carefully when going down stairs	0	1	2	3	4
69.	Feeling unsteady and prone to falling in the dark	0	1	2	3	4
70.	Proness to sway to one side when walking or standing	0	1	2	3	4
Cer	ebellum - Cerebrocerebellum		L	.eve	el	
71.	Recent clumsiness in hands	0	1	2	3	4
72.	Recent clumsiness in feet or frequent tripping	0	1	2	3	4
73.	A slight hand shake when reaching for something at the end of movement	0	1	2	3	4
Cer	ebellum - Vestibulocerebellum		L	.eve	el	
74.	Episodes of dizziness or disorientation	0	1	2	3	4
75.	Back muscles that tire quickly when standing or walking	0	1	2	3	4
76.	Chronic neck or back muscle tightness	0	1	2	3	4
77.	Nausea, car sickness, or sea sickness	0	1	2	3	4
78.	Feeling of disorientation or shifting of the environment	0	1	2	3	4
79.	Crowded places cause anxiety	0	1	2	3	4
Bas	al Ganglia Direct Pathway		L	_eve	el	
80.	Slowness in movements	0	1	2	3	4
81.	Stiffness in your muscles (not joints) that goes away when you move	0	1	2	3	4

82.	Cramping of hands when writing	0	1	2	3	4
83.	A stooped posture when walking	0	1	2	3	4
84.	Voice has become softer	0	1	2	3	4
85.	Facial expression changed leading people to frequently ask if you are upset or angry	0	1	2	3	4
Bas	al Ganglia Indirect Pathway		L	_eve	el	
86.	Uncontrollable muscle movements	0	1	2	3	4
87.	Intense need to clear your throat regularly or contract a group of muscles	0	1	2	3	4
88.	Obsessive compulsive tendencies	0	1	2	3	4
89.	Constant nervousness and restless mind	0	1	2	3	4
	onomic Reduced asympathetic Activity		L	_eve	el	
90.	Dry mouth or eyes	0	1	2	3	4
91.	Difficulty swallowing supplements or large bites of food	0	1	2	3	4
92.	Slow bowel movements and tendency for constipation	0	1	2	3	4
93.	Chronic digestive complaints	0	1	2	3	4
94.	Bowel or bladder incontinence resulting in staining your underwear	0	1	2	3	4
	onomic Increased npathetic Activity		L	_eve	el	
95.	Tendency for anxiety	0	1	2	3	4
96.	Easily startled	0	1	2	3	4
97.	Difficulty relaxing	0	1	2	3	4
98.	Sensitive to bright or flashing lights	0	1	2	3	4
99.	Episodes of racing heart	0	1	2	3	4
100.	Difficulty sleeping	0	1	2	3	4

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: