

Kessinger Diagnostic Centre

CONFIDENTIAL PATIENT CASE HISTORY

Name _____ Date _____
 Phone _____ Work Phone _____
 Email _____
 Address _____ City/State/Zip _____
 Date of Birth _____ Age _____ M _____ F _____ Occupation _____
 Married _____ Single _____ Divorced _____ Widowed _____ Spouse Name _____ Number of Children _____
 When was your last medical care _____ Where _____
 When was your last chiropractic care _____ Where _____
 When was your last dental care _____ Where _____
 Referred by _____

Payment is due at the time of service. We gladly accept Cash, Check, Debit or Credit Card. Additional financial arrangements are available through Care Credit. Please Initial _____

Because we are out of network for all insurance companies, we do not submit claims through our office. We are happy to provide you with a super bill that you may use to submit a claim to your insurance company. Please ask at checkout for this form.

What Is Your Major Complaint? _____
 How Long Have You Had This Condition? _____ Getting Worse? _____ Constant? _____
 Pain Comes/Goes? _____ What Aggravates It? _____ Similar Conditions In Past? _____
 List Previous Diagnosis/Treatments You Have Received For This Condition _____
 What Do You Believe Is Wrong With You? _____
 Other Complaints? _____
 List Surgeries And Dates _____
 Do You Have A History Of Antibiotic Therapy? _____ Any Allergies? Food _____ Drugs _____
 Have You Been In An Auto Accident In The Last Year? _____ 5 Years? _____ Ever? _____

	ALCOHOL	COFFEE	TOBACCO	DRUGS	EXERCISE	SLEEP
HEAVY						
MODERATE						
NONE						

Please list all medications and over the counter supplements or herbs you are currently taking:

List Below The Conditions You Have Been Treated For In The Past Ten Years Or Any Other Health Information You Feel Important:

Weight: _____

Date: _____

PATIENT DIAGNOSTIC QUESTIONNAIRE

Name _____ How old are you? _____ (001)

YOUR CHIEF COMPLAINTS

Please mark with an (X) the principle or major conditions which you are concerned about, would like eliminated, or desire treatment for:

- | | |
|-----------------------------------|--------------------------------------|
| 002 () Overweight | 018 () Headaches |
| 003 () Underweight | 019 () Female Problems |
| 004 () Sexual Problems | 020 () Extreme Fatigue |
| 005 () Menopause Problems | 021 () Cancer |
| 006 () Heart Condition | 022 () Circulatory Problems |
| 007 () Blood Pressure Problems | 023 () Lung and/or Breathing |
| 008 () Digestion Trouble | 024 () Stomach and/or Gall Bladder |
| 009 () Gall Bladder Problems | 025 () Intestine or Bowel Troubles |
| 010 () Diabetes Mellitus | 026 () Neck and/or Spine Problems |
| 011 () Skin Disorder | 027 () Eye Condition |
| 012 () Ear or Hearing Disorder | 028 () Nose/Throat/Mouth Problems |
| 013 () Sinus Infections | 029 () Dizziness/Balance Disorder |
| 014 () Nervous/Emotional Trouble | 030 () Kidney/Bladder/Urinary |
| 015 () Allergies to Food | 031 () Allergies in General |
| 016 () Nutritional Evaluation | 032 () Thorough Diagnostic Checkup |
| 017 () Arthritis/Rheumatism | 033 () Alcohol or Tobacco Addiction |

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY WHEN COMPLETING THIS QUESTIONNAIRE:

Read each question carefully and mark with an (X) only those statements which are true for you (a yes answer). If a question does not apply to you, or you do not recognize the terminology or disease, or if you are not sure and have a doubt about a question, then do not check the box, simply leave it blank.

GENERAL

- 034 () Are you overweight?
- 035 () Are you underweight?
- 036 () Are your fingernails ridged or have spots?
- 037 () Do you sleep less than seven hours per night?
- 038 () Do you rarely exercise?
- 039 () Do you smoke over 9 cigarettes each day or inhale pipe/cigars?
- 040 () Do you drink alcoholic beverages each day?
- 041 () Do you usually drink less than 8 glasses of water each day?
- 042 () Are you sensitive to chemical, paint, exhaust fumes, cologne?
- 043 () Are you unable to recall your dreams the next day?

EYES

- 044 () Are you near sighted (can't see things at a distance)?
- 045 () Are you far sighted (can't read small print without glasses)?
- 046 () Do your eyes frequently itch?
- 047 () Do you suffer from cross eyes?
- 048 () Do you have or have you had cataracts?
- 049 () Do you experience pain in your eyes?
- 050 () Are your eyes bloodshot?
- 051 () Do your eyes water?
- 052 () Do your eyes feel gritty?
- 053 () Is your vision blurred?
- 054 () Are you hard of hearing?
- 055 () Are you experiencing any discharge from your ears?
- 056 () Do you have ringing or noises in your ears?
- 057 () Do you suffer from recurrent ear infection?
- 058 () Do you have a punctured ear drum?

PATIENT DIAGNOSTIC QUESTIONNAIRE (cont'd)

MOUTH and THROAT

- 059 () Is your tongue badly coated?
- 060 () Do you have bad breath?
- 061 () Do you suffer from sores or cracks at corners of mouth?
- 062 () Do you frequently experience canker sores (sore mouth)?
- 063 () Are your gums sore?
- 064 () Do you frequently suffer from fever blisters?
- 065 () Do your gums bleed when you brush your teeth?
- 066 () Do you have sore throats frequently?
- 067 () Are your glands often swollen?
- 068 () Do you suffer from toothaches?
- 069 () Is your mouth often dry?
- 070 () Do you have excessive saliva?
- 071 () In the mornings do you have a bitter taste in your mouth?
- 072 () Do you frequently have a sore tongue?

RESPIRATORY

- 073 () Do you have frequent colds?
- 074 () Do you suffer from nasal polyps?
- 075 () Do you often have sinus infections?
- 076 () Do you experience night sweats?
- 077 () Do you have hay fever?
- 078 () Do you wheeze?
- 079 () Do you have Asthma?
- 080 () Do you experience difficulty in breathing?
- 081 () Do you have a chronic cough?
- 082 () Do you spit up phlegm?
- 083 () Do you spit up blood?
- 084 () Do you have spells of sneezing?
- 085 () Is your nose frequently stuffy?
- 086 () Does your nose run constantly?
- 087 () Do you have frequent nose bleeds?
- 088 () Do you catch severe colds?
- 089 () Do you have a chronic chest condition?
- 090 () Do you have post nasal drip?

CARDIOVASCULAR

- 091 () Do you have high blood pressure?
- 092 () Do you have low blood pressure?
- 093 () Do you have pains in the heart or chest?
- 094 () Are you troubled with blood clots?
- 095 () Do you have cold hands?

- 096 () Are your feet frequently cold?
- 097 () Do you have varicose veins?
- 098 () Are your ankles frequently swollen?
- 099 () Do you have an unusually slow pulse rate?
- 100 () Do you experience spells of rapid heart beat?
- 101 () Are you aware of your heart skipping beats?
- 102 () Do you experience shortness of breath while sitting still?
- 103 () Do you suffer from leg cramps after retiring to bed?
- 104 () Do you suffer from leg cramps during the day?
- 105 () Do you experience pain in your leg/hips when walking?

GASTROINTESTINAL

- 106 () Is your appetite poor?
- 107 () Do you have excessive hunger?
- 108 () Do you experience fainting spells when hungry?
- 109 () Does eating relieve fatigue?
- 110 () Do you feel shaky when hungry?
- 111 () Are you frequently drowsy after eating a meal?
- 112 () Do you eat when nervous?
- 113 () Do you frequently have diarrhea?
- 114 () Do you have difficulty in swallowing?
- 115 () Do you vomit frequently?
- 116 () Are you frequently nauseated?
- 117 () Are you bloated after eating?
- 118 () Do you have abdominal gas?
- 119 () Does eating greasy foods cause you to have indigestion?
- 120 () Do you belch or burp after eating?
- 121 () Do you have: indigestion immediately upon eating?
- 122 () Indigestion within 1 hour after meals?
- 123 () Indigestion 2 hours or more after meals?
- 124 () Do you have loose bowel movements?
- 125 () Have you ever had intestinal worms?
- 126 () Do you have pale or yellow colored stools?
- 127 () Do you suffer from constipation?
- 128 () Do you have one or less bowel movements daily?
- 129 () Are your stools bloody?

PATIENT DIAGNOSTIC QUESTIONNAIRE (cont'd)

- 130 () Do you have black tarry stools?
- 131 () Do you use laxatives?
- 132 () Do you suffer from severe abdominal pains?
- 133 () Do you have hemorrhoids (piles)?
- 134 () Do you have stomach ulcers?
- 135 () Do you have gall bladder disease?
- 136 () Do you have liver disease?

NEUROMUSCULAR

- 137 () Do you have neck pain?
- 138 () Do you have pain between the shoulders?
- 139 () Do you suffer from low back pain?
- 140 () Do you have swollen joints?
- 141 () Do you have a spinal curvature?
- 142 () Do you suffer from muscle spasms?
- 143 () Are your muscles frequently sore?
- 144 () Do you have muscle weakness?
- 145 () Are your joints stiff in the morning?
- 146 () Do you have shoulder/arm pain?
- 147 () Do you suffer from leg pain at rest?
- 148 () Do you have rheumatism?
- 149 () Does any part of your body experience numbness/tingling?
- 150 () Do you have frequent headaches?

FEET

- 151 () Are you often dizzy?
- 152 () Do you frequently feel faint?
- 153 () Do you have epilepsy?
- 154 () Do you bite your nails badly?
- 155 () Do you stutter or stammer?
- 156 () Are you a sleep walker?
- 157 () Do you have rheumatoid arthritis?
- 158 () Do you have osteoarthritis?
- 159 () Do you suffer from motion sickness?
- 160 () Do you suffer from painful feet?
- 161 () Do you have frequent foot cramps?
- 162 () Do you have plantar warts?
- 163 () Do you have heel spurs?
- 164 () Are you troubled with corns?

SKIN

- 165 () Is your skin tender?
- 166 () Does your skin itch?
- 167 () Do you have skin eruptions?
- 168 () Is your skin rough, especially on the back of your arms?
- 169 () Do you have Psoriasis?
- 170 () Do you bruise easily?
- 171 () Do you have Acne?
- 172 () Are you troubled with boils?
- 173 () Do you have Eczema?
- 174 () Are you aware of moles which are changing in size or color?
- 175 () Do you frequently experience goose bumps?
- 176 () Do you have hives (allergy reaction of the skin)?
- 177 () Do you have excessive perspiration?
- 178 () Do you get sores that are slow to heal?

URINARY

- 179 () Do you have frequent urination?
- 180 () Do you awaken at night to urinate?
- 181 () Are you a bed wetter?
- 182 () Do you dribble when sneezing or laughing?
- 183 () Have you ever lost control of your bladder?
- 184 () Do you have painful urination?
- 185 () Do you have blood in your urine?
- 186 () Are you troubled by urgent urination?
- 187 () Do you have difficulty in starting the stream?
- 188 () Do you have frequent bladder infections?
- 189 () Do you have frequent kidney infections?
- 190 () Do you have kidney stones?

ENDOCRINE

- 191 () Do you have excessive thirst?
- 192 () Do you frequently feel cold?
- 193 () Do you frequently feel hot?
- 194 () Are you unusually tired most of the time?
- 195 () Are you unusually jumpy or nervous?
- 196 () Is your hair coarse?
- 197 () Is your skin coarse?
- 198 () Are you diabetic?
- 199 () Do you get lightheaded when standing quickly?

PATIENT DIAGNOSTIC QUESTIONNAIRE (cont'd)

FOR WOMEN ONLY

- 200 () Do you have painful periods?
- 201 () Do you have an excessive flow?
- 202 () Do you have irregular cycles?
- 203 () Do you suffer from menstrual cramps?
- 204 () Do you have hot flashes?
- 205 () Do you have vaginal discharge?
- 206 () Do you have a bloody spotting discharge?
- 207 () Have you had a hysterectomy?
- 208 () Do you retain fluid during your periods?
- 209 () Have you ever miscarried?
- 210 () Do you have Acne worse at menstruation?
- 211 () Do you have tender breasts?
- 212 () Do you have frequent yeast infections?
- 213 () Do you have lumps in your breasts?
- 214 () Do you have heavy hair growth on face or body?
- 215 () Do you take birth control pills?
- 216 () Do you have pre-menstrual depression?
- 217 () Is intercourse painful for you?
- 218 () Do you have a diminished sex desire?
- 219 () Do you have poor or infrequent orgasm?

FOR MEN ONLY

- 220 () Do you have painful genitals?
- 221 () Do you have prostate troubles?
- 222 () Do you have lumps in your testicles?
- 223 () Do you have a discharge from the urethra?
- 224 () Do you have sores on external genitalia?
- 225 () Do you have difficulty getting or keeping an erection?
- 226 () Do you have difficulty completing intercourse?
- 227 () Have you had difficulty fathering children?

BEHAVIORIAL

- 228 () Do you have difficulty falling asleep?
- 229 () Do you have difficulty staying asleep?
- 230 () Do you have recurrent bad dreams?
- 231 () Do you have difficulty in concentrating?
- 232 () Is your memory poor?
- 233 () Do strange people or places make you afraid?
- 234 () Are you scared to be alone?
- 235 () Do you always need someone to advise you?
- 236 () Are you afraid to eat anywhere except at home?
- 237 () Are you unhappy when others are happy?
- 238 () Are you usually unhappy and depressed?
- 239 () Do you often cry?
- 240 () Are you frequently miserable or blue?
- 241 () Do you sometimes wish you were dead and away from it all?
- 242 () Are your feelings easily hurt?
- 243 () Does criticism always upset you?
- 244 () Do people usually misunderstand you?
- 245 () Do you have to be on guard even with your friends?
- 246 () Do people often annoy you?
- 247 () Are you easily angered?
- 248 () Do you frequently become scared for no reason?
- 249 () Do you feel you are under considerable emotional stress?

Thank you for completing this questionnaire.

Metabolic Assessment Form™

Name: _____ Age: _____ Sex: _____ Date: _____

PART I

Please list your 5 major health concerns in order of importance:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____

PART II Please circle the appropriate number on all questions below. 0 as the least/never to 3 as the most/always.

Category I				Category VII					
Feeling that bowels do not empty completely	0	1	2	3	Abdominal distention after consumption of fiber, starches, and sugar	0	1	2	3
Lower abdominal pain relieved by passing stool or gas	0	1	2	3	Abdominal distention after certain probiotic or natural supplements	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3	Decreased gastrointestinal motility, constipation	0	1	2	3
Diarrhea	0	1	2	3	Increased gastrointestinal motility, diarrhea	0	1	2	3
Constipation	0	1	2	3	Alternating constipation and diarrhea	0	1	2	3
Hard, dry, or small stool	0	1	2	3	Suspicion of nutritional malabsorption	0	1	2	3
Coated tongue or "fuzzy" debris on tongue	0	1	2	3	Frequent use of antacid medication	0	1	2	3
Pass large amount of foul-smelling gas	0	1	2	3	Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/Diverticulitis, or Leaky Gut Syndrome?	Yes	No		
More than 3 bowel movements daily	0	1	2	3					
Use laxatives frequently	0	1	2	3					
Category II				Category VIII					
Increasing frequency of food reactions	0	1	2	3	Greasy or high-fat foods cause distress	0	1	2	3
Unpredictable food reactions	0	1	2	3	Lower bowel gas and/or bloating several hours after eating	0	1	2	3
Aches, pains, and swelling throughout the body	0	1	2	3	Bitter metallic taste in mouth, especially in the morning	0	1	2	3
Unpredictable abdominal swelling	0	1	2	3	Burpy, fishy taste after consuming fish oils	0	1	2	3
Frequent bloating and distention after eating	0	1	2	3	Unexplained itchy skin	0	1	2	3
Category III				Category IX					
Intolerance to smells	0	1	2	3	Yellowish cast to eyes	0	1	2	3
Intolerance to jewelry	0	1	2	3	Stool color alternates from clay colored to normal brown	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc	0	1	2	3	Reddened skin, especially palms	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3	Dry or flaky skin and/or hair	0	1	2	3
Constant skin outbreaks	0	1	2	3	History of gallbladder attacks or stones	0	1	2	3
Category IV				Category X					
Excessive belching, burping, or bloating	0	1	2	3	Have you had your gallbladder removed?	Yes	No		
Gas immediately following a meal	0	1	2	3					
Offensive breath	0	1	2	3	Acne and unhealthy skin	0	1	2	3
Difficult bowel movements	0	1	2	3	Excessive hair loss	0	1	2	3
Sense of fullness during and after meals	0	1	2	3	Overall sense of bloating	0	1	2	3
Difficulty digesting proteins and meats; undigested food found in stools	0	1	2	3	Bodily swelling for no reason	0	1	2	3
Category V				Category XI					
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3	Fatigue after meals	0	1	2	3
Use of antacids	0	1	2	3	Crave sweets during the day	0	1	2	3
Feel hungry an hour or two after eating	0	1	2	3	Irritable if meals are missed	0	1	2	3
Heartburn when lying down or bending forward	0	1	2	3	Depend on coffee to keep going/get started	0	1	2	3
Temporary relief by using antacids, food, milk, or carbonated beverages	0	1	2	3	Get light-headed if meals are missed	0	1	2	3
Digestive problems subside with rest and relaxation	0	1	2	3	Eating relieves fatigue	0	1	2	3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0	1	2	3	Feel shaky, jittery, or have tremors	0	1	2	3
Category VI				Category XI					
Difficulty digesting roughage and fiber	0	1	2	3	Agitated, easily upset, nervous	0	1	2	3
Indigestion and fullness last 2-4 hours after eating	0	1	2	3	Poor memory, forgetful between meals	0	1	2	3
Pain, tenderness, soreness on left side under rib cage	0	1	2	3	Blurred vision	0	1	2	3
Excessive passage of gas	0	1	2	3					
Nausea and/or vomiting	0	1	2	3					
Stool undigested, foul smelling, mucus like, greasy, or poorly formed	0	1	2	3					
Frequent loss of appetite	0	1	2	3					

Category XII				
Cannot stay asleep	0	1	2	3
Crave salt	0	1	2	3
Slow starter in the morning	0	1	2	3
Afternoon fatigue	0	1	2	3
Dizziness when standing up quickly	0	1	2	3
Afternoon headaches	0	1	2	3
Headaches with exertion or stress	0	1	2	3
Weak nails	0	1	2	3
Category XIII				
Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under a high amount of stress	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3
Category XIV				
Edema and swelling in ankles and wrists	0	1	2	3
Muscle cramping	0	1	2	3
Poor muscle endurance	0	1	2	3
Frequent urination	0	1	2	3
Frequent thirst	0	1	2	3
Crave salt	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3
Alteration in bowel regularity	0	1	2	3
Inability to hold breath for long periods	0	1	2	3
Shallow, rapid breathing	0	1	2	3
Category XV				
Tired/sluggish	0	1	2	3
Feel cold—hands, feet, all over	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3
Increase in weight even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression/lack of motivation	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3
Category XVI				
Heart palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervous and emotional	0	1	2	3
Insomnia	0	1	2	3

Category XVI (Cont.)				
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3
Category XVII (Males Only)				
Urination difficulty or dribbling	0	1	2	3
Frequent urination	0	1	2	3
Pain inside of legs or heels	0	1	2	3
Feeling of incomplete bowel emptying	0	1	2	3
Leg twitching at night	0	1	2	3
Category XVIII (Males Only)				
Decreased libido	0	1	2	3
Decreased number of spontaneous morning erections	0	1	2	3
Decreased fullness of erections	0	1	2	3
Difficulty maintaining morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decreased physical stamina	0	1	2	3
Unexplained weight gain	0	1	2	3
Increase in fat distribution around chest and hips	0	1	2	3
Sweating attacks	0	1	2	3
More emotional than in the past	0	1	2	3
Category XIX (Menstruating Females Only)				
Perimenopausal		Yes	No	
Alternating menstrual cycle lengths		Yes	No	
Extended menstrual cycle (greater than 32 days)		Yes	No	
Shortened menstrual cycle (less than 24 days)		Yes	No	
Pain and cramping during periods	0	1	2	3
Scanty blood flow	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Acne	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3
Category XX (Menopausal Females Only)				
How many years have you been menopausal?				_____ years
Since menopause, do you ever have uterine bleeding?		Yes	No	
Hot flashes	0	1	2	3
Mental fogginess	0	1	2	3
Disinterest in sex	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3
Shrinking breasts	0	1	2	3
Facial hair growth	0	1	2	3
Acne	0	1	2	3
Increased vaginal pain, dryness, or itching	0	1	2	3

PART III

How many alcoholic beverages do you consume per week? _____ Rate your stress level on a scale of 1-10 during the average week: _____

How many caffeinated beverages do you consume per day? _____ How many times do you eat fish per week? _____

How many times do you eat out per week? _____ How many times do you work out per week? _____

How many times do you eat raw nuts or seeds per week? _____

List the three worst foods you eat during the average week: _____

List the three healthiest foods you eat during the average week: _____

PART IV

Please list any medications you currently take and for what conditions:

Please list any natural supplements you currently take and for what conditions:



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)

NAME: _____

DATE: _____

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Emotional instability (lability)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Difficulty planning and organizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Difficulty making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Lack of motivation, enthusiasm, interest and drive (apathetic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Difficulty getting a sound or melody out of your thoughts (Perseveration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Constantly repeat events or thoughts with difficulty letting go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Difficulty initiating and finishing tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Episodes of depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Mental fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Decrease in attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Difficulty staying focused and concentrating for extended periods of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Difficulty with creativity, imagination, and intuition R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Difficulty in appreciating art and music R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Difficulty with analytical thought L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Difficulty with math, number skills and time consciousness L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Difficulty taking ideas, actions, and words and putting them in a linear sequence L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Feeling of arm or leg heaviness, especially when tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Increased muscle tightness in your arm or leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Reduced muscle endurance in your arm or leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Noticeable difference in your muscle function or strength from one side to the other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	Noticeable difference in your muscle tightness from one side to the other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frontal Lobe Broca's Motor Speech Area (Area 44 and 45)		0	1	2	3	4
24.	Difficulty producing words verbally, especially when fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	Find the actual act of speaking difficult at times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	Notice word pronunciation and speaking fluency change at times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	Difficulty with spatial awareness when moving, laying back in a chair, or leaning against a wall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	Frequently bumping body or limbs into the wall or objects accidentally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	Reoccurring injury in the same body part or side of the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	Hypersensitivities to touch or pain: perception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Brain Region Localization Form

INSTRUCTIONS:

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KEY:

- 0 = I never have symptoms (0% of the time)
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Parietal Interior Lobule (Area 39 and 40)		0	1	2	3	4
32.	Right/left confusion L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	Difficulty with math calculations L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	Difficulty finding words L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	Difficulty with writing L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36.	Difficulty recognizing symbols or shapes R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	Difficulty with simple drawings R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38.	Difficulty interpreting maps R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Lobe Auditory Cortex (Areas 41, 42)		0	1	2	3	4
39.	Reduced function in overall hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40.	Difficulty interpreting speech with background or scatter noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.	Difficulty comprehending language without perfect pronunciation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42.	Need to look at someone's mouth when they are speaking to understand what they are saying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43.	Difficulty in localizing sound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44.	Dislike of left predictable rhythmic, repeated tempo and beat music L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45.	Dislike of non-predictable rhythmic with multiple instruments R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48.	Tend toward monotone speech without fluctuations or emotions R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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

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