



# Brain Region Localization Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 - 4 key, and select which best fits for all of your answers.**

<b>0</b> I never have symptoms (0% of the time)	<b>1</b> I rarely have symptoms (25% of the time)
<b>2</b> I often have symptoms (50% of the time)	<b>3</b> I always have symptoms (100% of the time)

## Frontal lobe Prefrontal, Dorsolateral and Orbitofrontal (Areas 9, 11, and 12)

Difficulty with restraint and controlling impulses or desires	0 1 2 3
Emotional instability (lability)	0 1 2 3
Difficulty planning and organizing	0 1 2 3
Difficulty making decisions	0 1 2 3
Difficulty getting a sound or melody out of your thoughts (Perseveration)	0 1 2 3
Constantly repeat events or thoughts with difficulty letting go	0 1 2 3
Difficulty initiating and finishing tasks	0 1 2 3
Episodes of depression	0 1 2 3
Mental fatigue	0 1 2 3
Decrease in attention span	0 1 2 3
Difficulty staying focused and concentrating for extended periods of time	0 1 2 3
Difficulty with creativity, imagination, and intuition	0 1 2 3
Difficulty in appreciating art and music	0 1 2 3
Difficulty with analytical thought	0 1 2 3
Difficulty with math, number skills and time consciousness	0 1 2 3
Difficulty taking ideas, actions, and words and putting them in a linear sequence	0 1 2 3

## Frontal Lobe Precentral and Supplementary Motor Areas (Area 4 and 6)

Initiating movements with your arm or leg has become more difficult	0 1 2 3
Feeling of arm or leg heaviness, especially when tired	0 1 2 3
Increased muscle tightness in your arm or leg	0 1 2 3
Reduced muscle endurance in your arm or leg	0 1 2 3
Noticeable difference in your muscle function or strength from one side to the other	0 1 2 3
Noticeable difference in your muscle tightness from one side to the other	0 1 2 3

## Frontal Lobe Broca's Motor Speech Area (Area 44 and 45)

Difficulty producing words verbally, especially when fatigued	0 1 2 3
Find the actual act of speaking difficult at times	0 1 2 3
Notice word pronunciation and speaking fluency change at times	0 1 2 3

## Parietal Somatosensory Area and Parietal Superior Lobule (Areas 3,1,2 and 7)

Difficulty in perception of position of limbs	0 1 2 3
Difficulty with spatial awareness when moving, laying back in a chair, or leaning against a wall	0 1 2 3
Frequently bumping body or limbs into the wall or objects accidentally	0 1 2 3
Reoccurring injury in the same body part or side of the body	0 1 2 3
Hypersensitivities to touch or pain perception	0 1 2 3

**Parietal Inferior Lobule (Area 39 and 40)**

Right/left confusion (L)	0 1 2 3
Difficulty with math calculations (L)	0 1 2 3
Difficulty finding words (L)	0 1 2 3
Difficulty with writing (L)	0 1 2 3
Difficulty recognizing symbols or shapes (R)	0 1 2 3
Difficulty with simple drawings (R)	0 1 2 3
Difficulty interpreting maps (R)	0 1 2 3

**Temporal Lobe Auditory Cortex (Areas 41, 42)**

Reduced function in overall hearing	0 1 2 3
Difficulty interpreting speech with background or scatter noise	0 1 2 3
Difficulty comprehending language without perfect pronunciation	0 1 2 3
Need to look at someone's mouth when they are speaking to understand what they are saying	0 1 2 3
Difficulty in localizing sound	0 1 2 3
Dislike of left predictable rhythmic, repeated tempo and beat music (L)	0 1 2 3
Dislike of non-predictable rhythmic with multiple instrument (R)	0 1 2 3
Noticeable ear preference when using your phone	choose below
<input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> no preference	

**Temporal Lobe Auditory Association Cortex (Area 22)**

Difficulty comprehending meaning of spoken words	0 1 2 3
Tend toward monotone speech without fluctuations or emotions	0 1 2 3

**Medial Temporal lobe and Hippocampus**

Memory less efficient	0 1 2 3
Memory loss that impacts daily activities	0 1 2 3
Confusion about dates, the passage of time, or place	0 1 2 3
Difficulty remembering events	0 1 2 3
Misplacement of things and difficulty retracing steps	0 1 2 3
Difficulty with memory of locations (addresses) (R)	0 1 2 3
Difficulty with visual memory (R)	0 1 2 3
Always forgetting where you put items such as keys, wallet, phone, etc. (R)	0 1 2 3
Difficulty remembering faces (R)	0 1 2 3
Difficulty remembering names with faces (L)	0 1 2 3
Difficulty with remembering words (L)	0 1 2 3
Difficulty remembering numbers (L)	0 1 2 3
Difficulty remembering to stay or be on time (L)	0 1 2 3

**Occipital Lobe (Area, 17, 18, and 19)**

Difficulty in discriminating similar shades of color	0 1 2 3
Dullness of colors in visual field	0 1 2 3
Difficulty coordinating visual inputs and hand movements, resulting in an inability to efficiently reach out for objects	0 1 2 3
Floater or halos in visual field	0 1 2 3

**Cerebellum - Spinocerebellum**

Difficulty with balance, or balance that is worse on one side	0 1 2 3
A need to hold the handrail or watch each step carefully when going down stairs	0 1 2 3
Feeling unsteady and prone to falling in the dark	0 1 2 3
Prone to swaying to one side when walking or standing	0 1 2 3

**Cerebellum - Cerebrocerebellum**

Recent clumsiness in hands	0 1 2 3
Recent clumsiness in feet or frequent tripping	0 1 2 3
A slight hand shake when reaching for something at the end of movement	0 1 2 3

**Cerebellum - Vestibulocerebellum**

Episodes of dizziness or disorientation	0 1 2 3
Back muscles that tire quickly when standing or walking	0 1 2 3
Chronic neck or back muscle tightness	0 1 2 3
Nausea, car sickness, or sea sickness	0 1 2 3
Feeling of disorientation or shifting of the environment	0 1 2 3
Crowded places cause anxiety	0 1 2 3

**Basal Ganglia Direct Pathway**

Slowness in movements	0 1 2 3
Stiffness in your muscles (not joints) that goes away when you move	0 1 2 3
Cramping of hands when writing	0 1 2 3
A stooped posture when walking	0 1 2 3
Voice has become softer	0 1 2 3
Facial expression changed leading people to frequently ask if you are upset or angry	0 1 2 3

**Basal Ganglia Indirect Pathway**

Uncontrollable muscle movements	0 1 2 3
Intense need to clear your throat regularly or contract a group of muscles	0 1 2 3
Obsessive compulsive tendencies	0 1 2 3
Constant nervousness and restless mind	0 1 2 3

**Autonomic Reduced Parasympathetic Activity**

Dry mouth or eyes	0 1 2 3
Difficulty swallowing supplements or large bites of food	0 1 2 3
Slow bowel movements and tendency for constipation	0 1 2 3
Chronic digestive complaints	0 1 2 3
Bowel or bladder incontinence resulting in staining your underwear	0 1 2 3

**Autonomic Increased Sympathetic Activity**

Tendency for anxiety	0 1 2 3
Easily startled	0 1 2 3
Difficulty relaxing	0 1 2 3
Sensitive to bright or flashing lights	0 1 2 3
Episodes of racing heart	0 1 2 3
Difficulty sleeping	0 1 2 3

### Epileptiform Activity

- 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 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: \_\_\_\_\_