

BSQ - BRAIN Symptoms Questionnaire

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

RIGHT BRAIN HEMISPHERICITY SYMPTOMS

- Difficulty focusing attention
- Distractible
- Impulsive
- Compulsive
- Obsessive
- Repetitive thoughts / actions
- Tend to avoid eye contact
- Tend to focus on small details
- Difficulty remembering directions
- Get lost easily
- Tend to be anxious / anxiety
- Hyperactive
- Tend to be less expressive in voice/face
- Tend to misread body language/facial exp.
- Tend to misread emotions in others
- Tend to be sarcastic
- Tend to overanalyze
- Tend to be more literal
- Last person to get the joke/don't get jokes
- Reading comprehension low
- Poor time estimation
- Tend to be late
- Notice great details about your environment
- Unable to tune out distractions
- Tend to rush to judgement
- Difficulty interpreting symbolism
- Tone deaf
- Poor musical ability
- Difficulty identifying voices
- Difficulty or slow decision making
- Tend not to see the whole picture
- Can't decide what my purpose is
- The inappropriate extrovert
- Trouble understanding context
- Body image distortion
- Difficulty interpreting a word or situation
- Insomnia
- Curious approach type behavior
- Heart Tachycardia (fast)

TOTAL _____

LEFT BRAIN HEMISPHERICITY SYMPTOMS

- Poor reading ability
- Dyslexia
- Speech developed slower
- Poor memory for facts and figures
- Difficulty with math calculations
- Tend to see the big picture and miss the details
- Difficulty "getting people to understand"
- Use lots of nonverbal communication
- Trouble finding the "right words"
- Make errors while talking
- Hesitancy while talking or describing
- Difficult intellectual or analytical thought
- Need to have the job/project detailed or described several times
- Enjoy music
- Enjoy drawing
- Speak with an accent unlike your family
- Less attention to grooming
- Stuttering
- Slow mover
- Need prompting to start an activity
- Poor handwriting
- Difficulty with fine motor control
 - Ie. Threading a needle
 - Turning a small screw
- Tend to be shy, withdrawn
- Tendency toward anger
- Tend to be more negative
- Tend to be more sad
- Tend to be extremely cautious or pessimistic
- Tend towards depression, feeling low
- Tend to lack motivation
- The quiet introvert
- Slower speaking and moving
- Lower IQ
- Problems with grammar, language
- Clumsy
- Uncoordinated
- Heart Arrhythmia

TOTAL _____

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>	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: right;">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: right;">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: 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>		<p>Right Brain Total _____</p> <p>Left Brain Total _____</p> <p>Basal Ganglia Total _____</p> <p>Frontal Cortex Total _____</p> <p>Cingulate Gyrus Total _____</p> <p>Temporal Lobe Total _____</p> <p>Limbic/Amygdala Total _____</p>