

PLEASE PRINT CLEARLY AND LEGIBLY

Name _____

Gender: Female/Male

Identifies as: Female/Male

Date of Birth: _____

Street address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Other phone: _____

Email: _____

Occupation: _____

Emergency Contact _____

Phone number: _____

Congratulations! The fact that you are reading this today is a sign that you are ready to take charge of your health. They say the journey of a thousand miles begins with one step. We believe our clinic is the first step in your quest for a healthier life. We are your partners on this journey. We will do our part, but we expect you to do yours. Answering the following questions will help us know you better.

Please answer the following questions as honestly as you can

Are you ready to make changes in your life?

Please check the ones that apply to you. By using the readiness Ruler; rate 1-10 your answers as to where you are right now with your desire to improve your health and well being.

READINESS RULER

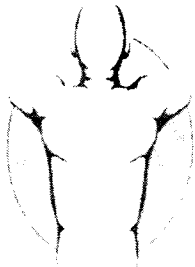
0 1 2 3 4 5 6 7 8 9 10

I'm *not* ready to change I'm *almost* ready to change I am *very* ready to change

- I am done with quick fixes and want to create sustainable changes in my life.
- I believe I am worthy of change. I am ready to put my health and well being first.
- I believe change begins with me. I am ready to be in charge of my health.
- I want to build a positive, healthy mindset.
- I am ready to move from where I am now and become a healthier version of myself.
- I will show up on time for each appointment I schedule.
- I will follow the protocol suggested for me each day.

Client's name (Please print) _____ Date _____

Client's (Or Parent/Guardian) Signature:



RELEASE AND WAIVER OF LIABILITY, INDEMNITY, AND MEDICAL RELEASE. THIS FORM MUST BE SIGNED BY ALL PARTICIPANTS. IF PARTICIPANT IS UNDER 18 YEARS OF AGE, FORM MUST BE SIGNED BY PARENT/GUARDIAN. IN CONSIDERATION OF THE UNDERSIGNED PARTICIPANT BEING PERMITTED TO VOLUNTARILY UTILIZE, DR KIMBERLY LEWIS'S PROGRAMS AND SERVICES.

I fully understand the services and therapies proved by the practitioner are based on the Functional Medicine approach to wellness, not allopathic. I understand the practitioners perform their services within the parameters of a rational health and wellness system.

I understand that the practitioner does not diagnose, not treat diseases, but provides information and supplementation to restore body system balance and optimum function for health and wellness. I have solicited the practitioner's services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.

I understand the practitioner is in no way encouraging me to terminate any previous and/or current therapies with other doctors or practitioners. I understand that Dr Lewis is not a Medical Dr but a Chiropractic Dr. that is trained in Functional Medicine.

I understand that although most people have good results with Functional Medicine approach to wellness some people do not respond to this approach.

I understand that Dr Kimberly Lewis does not participate in any insurance companies and does not provide forms for reimbursement. HEALTH INSURANCE DOES NOT COVER FUNCTIONAL MEDICINE. THE ONLY EXCEPTION TO THIS RULE IS HEALTH SPENDING ACCOUNTS.

I understand that the \$250 an hour fee is for the Dr.s time. Any lab testing or Supplements/ Nutraceuticals are not included in this price. We would like for you to understand that we have all our lab testing is set to zero profit, so you are receiving the finest testing and supplementation at the lowest cost we have available You will have access to the finest testing and supplementation in the world. You are only paying for the Dr. time and experience. All Functional Medicine appoints are pre-paid and patients must have a Card on file with our office as we have many distance health and telemedicine patients

FIRST APPOINTMENTS, FOLLOW UP APPOINTMENTS AND Cancellation POLICIES.

IN CASE OF A TRUE MEDICAL EMERGENCY OR AN ACT OF GOD (natural disaster) OUR CANCELLATION POLICY MAY BE WAIVED. You are paying for the Dr's Time. The first visit is 2 hours at \$250 a hour. You will be required to submit a \$250 deposit at the time you schedule your first visit. This is not refundable and will be credited to your first rescheduled first visit. Dr Lewis reserves the right to decline services due to repeated cancellations and rescheduling and or patients with an attitude of non-compliance.

EMAIL POLICIES

Email communication is a valuable tool. You may email us with your We just ask that you respect the following guidelines. Brief emails with no more than 3 question will be of no additional charge. Emails requiring more than 15 minutes will be charged a minimum fee of \$50 for each 15 minutes it takes to review and answer the email. It may be determined by the practitioner that a brief consult should be scheduled to fully answer your questions.

PHONE CALLS

We understand that you receive a lot of new information during your initial appointment, and you may leave with more questions than answers. We are happy to answer those questions, but it is important to keep those questions to less than 5 minutes. Phone lines are our lifeline, and we are a busy clinic. If we need to be on the phone for a longer period, we may be inaccessible to others who need our assistance. If you believe your conversation will last longer than 5 minutes, then you may want to send us an email or schedule a brief consultation. Thank you in advance for your understanding. There will be a charge for all phone calls lasting longer than 10 minutes with Dr Lewis Charged to your card on file. PLEASE DO NOT TEXT US YOUR QUESTIONS. **Telehealth** follow-up appointments are available. You must be in the State of Virginia while on a telehealth call with Dr. Lewis. She will ask you if you are in Virginia and you must truthfully answer yes.

I give full faith that I have read and understand this document entirely and any question I have were answered by Dr. prior to signing this document.

Client's name (Please print) _____ Date _____

Client's (Or Parent/Guardian) Signature:

FOOD INTAKE

What types of foods you usually eat/drink for these meals and at what time of day:

Breakfast Time:

- 1.
- 2.
- 3.
- 4.
- 5.

Lunch Time:

- 1.
- 2.
- 3.
- 4.
- 5.

Supper Time:

- 1.
- 2.
- 3.
- 4.
- 5.

Snacks Times:

- 1.
- 2.
- 3.
- 4.
- 5.

ACTIVITIES OF DAILY LIVING

How much time on average do you spend daily on these activities?

Sleeping

Working

Exercising

In nature, walking, hiking, biking etc.

Driving

Cooking

Housework

Caring for others

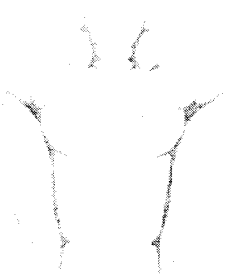
On the computer other than work

Watching YouTube, TV, Netflix.

Other such programing :

Social media

Other



Can you please type or write out your health history, paying especial attention to any head injuries you may have had even if they did not require hospitalization? This includes sports and automobile accidents. Also include any high fevers, infections, and PTSD. Use as many pages as necessary. We need copies of all of your lab work for

the last 3 years and any other labs or imaging you may have. Please send imaging such as x rays and MRIs on a DVD if they are digital.

On a separate piece of paper hand write this sentence 20 times

"The sun comes up in the morning."



Please draw these 2 spirals in the space below

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

- | | | | | |
|---|---|---|---|---|
| Feeling that bowels do not empty completely | 0 | 1 | 2 | 3 |
| Lower abdominal pain relieved by passing stool or gas | 0 | 1 | 2 | 3 |
| Alternating constipation and diarrhea | 0 | 1 | 2 | 3 |
| Diarrhea | 0 | 1 | 2 | 3 |
| Constipation | 0 | 1 | 2 | 3 |
| Hard, dry, or small stool | 0 | 1 | 2 | 3 |
| Coated tongue or "fuzzy" debris on tongue | 0 | 1 | 2 | 3 |
| Pass large amount of foul-smelling gas | 0 | 1 | 2 | 3 |
| More than 3 bowel movements daily | 0 | 1 | 2 | 3 |
| Use laxatives frequently | 0 | 1 | 2 | 3 |

Category II

- | | | | | |
|--|---|---|---|---|
| Increasing frequency of food reactions | 0 | 1 | 2 | 3 |
| Unpredictable food reactions | 0 | 1 | 2 | 3 |
| Aches, pains, and swelling throughout the body | 0 | 1 | 2 | 3 |
| Unpredictable abdominal swelling | 0 | 1 | 2 | 3 |
| Frequent bloating and distention after eating | 0 | 1 | 2 | 3 |

Category III

- | | | | | |
|---|---|---|---|---|
| Intolerance to smells | 0 | 1 | 2 | 3 |
| Intolerance to jewelry | 0 | 1 | 2 | 3 |
| Intolerance to shampoo, lotion, detergents, etc | 0 | 1 | 2 | 3 |
| Multiple smell and chemical sensitivities | 0 | 1 | 2 | 3 |
| Constant skin outbreaks | 0 | 1 | 2 | 3 |

Category IV

- | | | | | |
|---|---|---|---|---|
| Excessive belching, burping, or bloating | 0 | 1 | 2 | 3 |
| Gas immediately following a meal | 0 | 1 | 2 | 3 |
| Offensive breath | 0 | 1 | 2 | 3 |
| Difficult bowel movements | 0 | 1 | 2 | 3 |
| Sense of fullness during and after meals | 0 | 1 | 2 | 3 |
| Difficulty digesting proteins and meats;
undigested food found in stools | 0 | 1 | 2 | 3 |

Category V

- | | | | | |
|--|---|---|---|---|
| Stomach pain, burning, or aching 1-4 hours after eating | 0 | 1 | 2 | 3 |
| Use of antacids | 0 | 1 | 2 | 3 |
| Feel hungry an hour or two after eating | 0 | 1 | 2 | 3 |
| Heartburn when lying down or bending forward | 0 | 1 | 2 | 3 |
| Temporary relief by using antacids, food, milk, or
carbonated beverages | 0 | 1 | 2 | 3 |
| Digestive problems subside with rest and relaxation | 0 | 1 | 2 | 3 |
| Heartburn due to spicy foods, chocolate, citrus,
peppers, alcohol, and caffeine | 0 | 1 | 2 | 3 |

Category VI

- | | | | | |
|--|---|---|---|---|
| Difficulty digesting roughage and fiber | 0 | 1 | 2 | 3 |
| Indigestion and fullness last 2-4 hours after eating | 0 | 1 | 2 | 3 |
| Pain, tenderness, soreness on left side under rib cage | 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 VII

- | | | | | |
|---|-----|----|---|---|
| Abdominal distention after consumption of
fiber, starches, and sugar | 0 | 1 | 2 | 3 |
| Abdominal distention after certain probiotic
or natural supplements | 0 | 1 | 2 | 3 |
| Decreased gastrointestinal motility, constipation | 0 | 1 | 2 | 3 |
| Increased gastrointestinal motility, diarrhea | 0 | 1 | 2 | 3 |
| Alternating constipation and diarrhea | 0 | 1 | 2 | 3 |
| Suspicion of nutritional malabsorption | 0 | 1 | 2 | 3 |
| Frequent use of antacid medication | 0 | 1 | 2 | 3 |
| Have you been diagnosed with Celiac Disease,
Irritable Bowel Syndrome, Diverticulosis/
Diverticulitis, or Leaky Gut Syndrome? | Yes | No | | |

Category VIII

- | | | | | |
|---|-----|----|---|---|
| Greasy or high-fat foods cause distress | 0 | 1 | 2 | 3 |
| Lower bowel gas and/or bloating several hours
after eating | 0 | 1 | 2 | 3 |
| Bitter metallic taste in mouth, especially in the morning | 0 | 1 | 2 | 3 |
| Burpy, fishy taste after consuming fish oils | 0 | 1 | 2 | 3 |
| Unexplained itchy skin | 0 | 1 | 2 | 3 |
| Yellowish cast to eyes | 0 | 1 | 2 | 3 |
| Stool color alternates from clay colored to
normal brown | 0 | 1 | 2 | 3 |
| Reddened skin, especially palms | 0 | 1 | 2 | 3 |
| Dry or flaky skin and/or hair | 0 | 1 | 2 | 3 |
| History of gallbladder attacks or stones | 0 | 1 | 2 | 3 |
| Have you had your gallbladder removed? | Yes | No | | |

Category IX

- | | | | | |
|---------------------------------|---|---|---|---|
| Acne and unhealthy skin | 0 | 1 | 2 | 3 |
| Excessive hair loss | 0 | 1 | 2 | 3 |
| Overall sense of bloating | 0 | 1 | 2 | 3 |
| Bodily swelling for no reason | 0 | 1 | 2 | 3 |
| Hormone imbalances | 0 | 1 | 2 | 3 |
| Weight gain | 0 | 1 | 2 | 3 |
| Poor bowel function | 0 | 1 | 2 | 3 |
| Excessively foul-smelling sweat | 0 | 1 | 2 | 3 |

Category X

- | | | | | |
|--|---|---|---|---|
| Crave sweets during the day | 0 | 1 | 2 | 3 |
| Irritable if meals are missed | 0 | 1 | 2 | 3 |
| Depend on coffee to keep going/get started | 0 | 1 | 2 | 3 |
| Get light-headed if meals are missed | 0 | 1 | 2 | 3 |
| Eating relieves fatigue | 0 | 1 | 2 | 3 |
| Feel shaky, jittery, or have tremors | 0 | 1 | 2 | 3 |
| Agitated, easily upset, nervous | 0 | 1 | 2 | 3 |
| Poor memory, forgetful between meals | 0 | 1 | 2 | 3 |
| Blurred vision | 0 | 1 | 2 | 3 |

Category XI

- | | | | | |
|---|---|---|---|---|
| Fatigue after meals | 0 | 1 | 2 | 3 |
| Crave sweets during the day | 0 | 1 | 2 | 3 |
| Eating sweets does not relieve cravings for sugar | 0 | 1 | 2 | 3 |
| Must have sweets after meals | 0 | 1 | 2 | 3 |
| Waist girth is equal or larger than hip girth | 0 | 1 | 2 | 3 |
| Frequent urination | 0 | 1 | 2 | 3 |
| Increased thirst and appetite | 0 | 1 | 2 | 3 |
| Difficulty losing weight | 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)
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- 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)		Level
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 organizing	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

Frontal Lobe Precentral and Supplementary Motor Areas (Area 4 and 6)		Level
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
Frontal Lobe Broca's Motor Speech Area (Area 44 and 45)		Level
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
Parietal Somatosensory Area and Parietal Superior Lobule (Areas 3,1,2 and 7)		Level
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 accidentally	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



Brain Region Localization Form

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Parietal Inferior Lobule (Area 39 and 40)		Level
32.	Right/left confusion <input type="checkbox"/> L	0 1 2 3 4
33.	Difficulty with math calculations <input type="checkbox"/> L	0 1 2 3 4
34.	Difficulty finding words <input type="checkbox"/> L	0 1 2 3 4
35.	Difficulty with writing <input type="checkbox"/> L	0 1 2 3 4
36.	Difficulty recognizing symbols or shapes <input type="checkbox"/> R	0 1 2 3 4
37.	Difficulty with simple drawings <input type="checkbox"/> R	0 1 2 3 4
38.	Difficulty interpreting maps <input type="checkbox"/> R	0 1 2 3 4
Temporal Lobe Auditory Cortex (Areas 41, 42)		Level
39.	Reduced function in overall hearing	0 1 2 3 4
40.	Difficulty interpreting speech with background or scatter noise	0 1 2 3 4
41.	Difficulty comprehending language without perfect pronunciation	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 rhythmic, repeated tempo and beat music <input type="checkbox"/> L	0 1 2 3 4
45.	Dislike of non-predictable rhythmic with multiple instruments <input type="checkbox"/> R	0 1 2 3 4
46.	Noticeable ear preference when using your phone	right, left, no preference
Temporal Lobe Auditory Association Cortex (Area 22)		Level
47.	Difficulty comprehending meaning of spoken words <input type="checkbox"/> L	0 1 2 3 4
48.	Tend toward monotone speech without fluctuations or emotions <input type="checkbox"/> R	0 1 2 3 4

Medial Temporal lobe and Hippocampus		Level
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) <input type="checkbox"/> R	0 1 2 3 4
55.	Difficulty with visual memory <input type="checkbox"/> R	0 1 2 3 4
56.	Always forgetting where you put items such as keys, wallet, phone, etc. <input type="checkbox"/> R	0 1 2 3 4
57.	Difficulty remembering faces <input type="checkbox"/> R	0 1 2 3 4
58.	Difficulty remembering names with faces <input type="checkbox"/> L	0 1 2 3 4
59.	Difficulty with remembering words <input type="checkbox"/> L	0 1 2 3 4
60.	Difficulty remembering numbers <input type="checkbox"/> L	0 1 2 3 4
61.	Difficulty remembering to stay or be on time (reduced left) <input type="checkbox"/> L	0 1 2 3 4
Occipital Lobe (Area, 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 inputs and hand movements, resulting in an inability to efficiently reach out for objects	0 1 2 3 4
66.	Floater or halos in visual field	0 1 2 3 4



Brain Region Localization Form

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Cerebellum - Spinocerebellum		Level
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
Cerebellum - Cerebrocerebellum		Level
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
Cerebellum - Vestibulocerebellum		Level
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
Basal Ganglia Direct Pathway		Level
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
Basal Ganglia Indirect Pathway		Level
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
Autonomic Reduced Parasympathetic Activity		Level
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
Autonomic Increased Sympathetic Activity		Level
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