EVND
east valley naturopathic doctors

Brain Injury Questionnaire

For every symptom mark 0 if no change prior to head injury, 1 if it is barely noticeable, 2 if you are aware of the symptoms less than once weekly, 3 if you are aware of the symptom daily, and 4 if you feel to be controlled by the symptom constantly. Your total score provides a baseline to compare after treatment with brain therapy including hyperbaric oxygen therapy (HBOT), Neurofeedback, and Frequency Specific Microcurrent(FSM) Therapy as examples

Write the corresponding number in each box. Add the total at the bottom of the page.

- ☐ Confusion
- ☐ Memory Problems
- ☐ Difficulty with word finding
- ☐ Mental fatigue
- ☐ Difficulty concentrating or paying attention
- ☐ Nausea
- ☐ Vision Problems
- ☐ Balance Problems
- ☐ Trouble Sleeping
- ☐ Fatigue
- ☐ Sensitivity to noise and/or light
- ☐ Angry outbursts
- ☐ Poor judgement
- ☐ Risky Behavior
- ☐ Impulsivity
- ☐ Drug and alcohol abuse
- ☐ Moodiness
- ☐ Increased anxiety
- ☐ Depression
- ☐ Suicidal thoughts

☐ Total Score____

0- No brain injury likely. Treatment could be beneficial but not required

<5 Mild symptoms present with minimal effect on quality of life. Treatment very likely beneficial

>5 Strong symptoms present, likely affecting quality of life. Treatment highly recommended