

# Child Symptom Assessment Form™ (BFAF)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the appropriate box on ALL questions. "0" indicates least/never to "3" indicates most/always.

## SECTION 1 0 1 2 3

- A decrease in attention span 0 1 2 3
- Mental fatigue 0 1 2 3
- Difficulty learning new things 0 1 2 3
- Difficulty staying focused and concentrating for extended periods of time 0 1 2 3
- Experiencing fatigue when reading sooner than in the past 0 1 2 3
- Experiencing fatigue when driving sooner than in the past 0 1 2 3
- Need for caffeine to stay mentally alert 0 1 2 3
- Overall brain function impairs your daily life 0 1 2 3

## SECTION 2 0 1 2 3

- Twitching or tremor in your hands and legs when resting 0 1 2 3
- Handwriting has gotten smaller and more crowded together 0 1 2 3
- A loss of smell to foods 0 1 2 3
- Difficulty sleeping or fitful sleep 0 1 2 3
- Stiffness in shoulders and hips that goes away when you start to move 0 1 2 3
- Constipation 0 1 2 3
- Voice has become softer 0 1 2 3
- Facial expression that is serious or angry 0 1 2 3
- Episodes of dizziness or light-headedness upon standing 0 1 2 3
- A hunched over posture when getting up and walking 0 1 2 3

## SECTION 3 0 1 2 3

- Memory loss that impacts daily activities 0 1 2 3
- Difficulty planning, problem solving, or working with numbers 0 1 2 3
- Difficulty completing daily tasks 0 1 2 3
- Confusion about dates, the passage of time, or place 0 1 2 3
- Difficulty understanding visual images and spatial relationships (addresses and locations) 0 1 2 3
- Difficulty finding words when speaking 0 1 2 3
- Misplacement of things and inability to retrace steps 0 1 2 3
- Poor judgment and bad decisions 0 1 2 3
- Disinterest in hobbies, social activities, or work 0 1 2 3
- Personality or mood changes 0 1 2 3

## SECTION 4 0 1 2 3

- Reduced function in overall hearing 0 1 2 3
- Difficulty understanding language with background or scatter noise 0 1 2 3
- Ringing or buzzing in the ear 0 1 2 3
- Difficulty comprehending language without perfect pronunciation 0 1 2 3
- Difficulty recognizing familiar faces 0 1 2 3
- Changes in comprehending the meaning of sentences, written or spoken 0 1 2 3
- Difficulty with verbal memory and finding words 0 1 2 3
- Difficulty remembering events 0 1 2 3
- Difficulty recalling previously learned facts and names 0 1 2 3
- Inability to comprehend familiar words when read 0 1 2 3
- Difficulty spelling familiar words 0 1 2 3
- Monotone, unemotional speech 0 1 2 3
- Difficulty understanding the emotions of others when they speak (nonverbal cues) 0 1 2 3
- Disinterest in music and a lack of appreciation for melodies 0 1 2 3
- Difficulty with long-term memory 0 1 2 3
- Memory impairment when doing the basic activities of daily living 0 1 2 3
- Difficulty with directions and visual memory 0 1 2 3
- Noticeable differences in energy levels throughout the day 0 1 2 3

## SECTION 5 0 1 2 3

- Difficulty coordinating visual inputs and hand movements, resulting in an inability to efficiently reach for objects 0 1 2 3
- Difficulty comprehending written text 0 1 2 3
- Floaters or halos in your visual field 0 1 2 3
- Dullness of colors in your visual field during different times of the day 0 1 2 3
- Difficulty discriminating similar shades of color 0 1 2 3

# Child Symptom Assessment Form™ (BFAF)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

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

## SECTION 6

0 1 2 3

- Difficulty with detailed hand coordination 0 1 2 3
- Difficulty with making decisions 0 1 2 3
- Difficulty with suppressing socially inappropriate thoughts 0 1 2 3
- Socially inappropriate behavior 0 1 2 3
- Decisions made based on desires, regardless of the consequences 0 1 2 3
- Difficulty planning and organizing daily events 0 1 2 3
- Difficulty motivating yourself to start and finish tasks 0 1 2 3
- A loss of attention and concentration 0 1 2 3

## SECTION 7

0 1 2 3

- Hypersensitivities to touch or pain 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 into the wall or objects 0 1 2 3
- Difficulty with right-left discrimination 0 1 2 3
- Handwriting has become sloppier 0 1 2 3
- Difficulty with basic math calculations 0 1 2 3
- Difficulty finding words for written or verbal communication 0 1 2 3
- Difficulty recognizing symbols, words, or letters 0 1 2 3

## SECTION 8

0 1 2 3

- Difficulty swallowing supplements or large bites of food 0 1 2 3
- Bowel motility and movements slow 0 1 2 3
- Bloating after meals 0 1 2 3
- Dry eyes or dry mouth 0 1 2 3
- A racing heart 0 1 2 3
- A flutter in the chest or an abnormal heart rhythm 0 1 2 3
- Bowel or bladder incontinence, resulting in staining your underwear 0 1 2 3

## SECTION 9

0 1 2 3

- A decrease in movement speed 0 1 2 3
- Difficulty initiating movement 0 1 2 3
- Stiffness in your muscles (not joints) 0 1 2 3
- A stooped posture when walking 0 1 2 3
- Cramping of your hand when writing 0 1 2 3

## SECTION 10

0 1 2 3

- Abnormal body movements (such as twitching legs) 0 1 2 3
- Desires to flinch, clear your throat, or perform some type of movement 0 1 2 3
- Constant nervousness and a restless mind 0 1 2 3
- Compulsive behaviors 0 1 2 3
- Increased tightness and tone in specific muscles 0 1 2 3

## SECTION 11

0 1 2 3

- Difficulty with balance, or balance that is noticeably 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
- Episodes of dizziness 0 1 2 3
- Nausea, car sickness, or seasickness 0 1 2 3
- A quick impact after consuming alcohol 0 1 2 3
- A slight hand shake when reaching for something 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

# Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please circle the appropriate number "0 - 3" on all questions below. 0 as the least/never to 3 as the most/always.

## SECTION: GENERAL

- Does your child have any food sensitivities or allergies? (please list)

\_\_\_\_\_

- List your child's 4 healthiest foods eaten regularly.

\_\_\_\_\_, \_\_\_\_\_,

- List your child's 4 unhealthiest foods eaten regularly.

\_\_\_\_\_, \_\_\_\_\_,

- How many times a week does your child eat candy? \_\_\_\_\_

- How many times a week does your child drink soda pop? \_\_\_\_\_

- Please list the top 4 foods your child craves regularly?

\_\_\_\_\_, \_\_\_\_\_,

- List the medication(s) your child is currently prescribed and over the counter.

\_\_\_\_\_

- Do you find it difficult as a parent to have your child on a special diet?

\_\_\_\_\_

## SECTION: A (K52)

- Does your child eat pasta, breads, and breaded foods? 0 1 2 3

- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating wheat foods? 0 1 2 3

- Does your child eat dairy products? 0 1 2 3

- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating dairy products? 0 1 2 3

## SECTION: B (K53)

- Does your child eat fried fish? 0 1 2 3

- Does your child eat roasted nuts or seeds? 0 1 2 3

- Is your child **missing** essential fatty acid rich foods in his/her diet? (for example: avocados, flax seeds, olives) (mark "0" if present, "3" if missing) 0 1 2 3

- Does your child eat *fried* foods? 0 1 2 3

## SECTION: C (K34)

- Is your child's mental speed slow? 0 1 2 3

- Does your child have difficulty with learning or memory? 0 1 2 3

- Does your child have difficulty with balance and coordination? 0 1 2 3

## SECTION: D (K16)

- Does your child have stress? 0 1 2 3

- Does your child **not** have enough sleep and rest? (mark "3" if not enough) 0 1 2 3

- Does your child **not** have regular exercise? (mark "3" if no exercise) 0 1 2 3

- Does your child feel overly worried and scared? 0 1 2 3

## SECTION: E (K16, K51)

- Does your child have temper tantrums? 0 1 2 3

- Does your child exhibit wild behavior? 0 1 2 3

- Does your child frequently yell or scream for unnecessary reasons? 0 1 2 3

- Does your child have an **inability** to nap or sleep when physically exhausted? (mark "3" if unable) 0 1 2 3

- Is your child overly talkative? 0 1 2 3

- Does your child fidget and squirm when seated? 0 1 2 3

- Does your child run and climb excessively when it is inappropriate? 0 1 2 3

- Does your child have difficulty playing quietly or engaging in leisure activities? 0 1 2 3

## SECTION: F (K51)

- Does your child get excited easily? 0 1 2 3

- Does your child have anxiousness and panic for minor reasons? 0 1 2 3

- Does your child feel overwhelmed for minor reasons? 0 1 2 3

- Does your child find it difficult to relax when she/he is awake? 0 1 2 3

- Does your child have disorganized attention? 0 1 2 3

## SECTION: G (K50)

- Does your child seem depressed? 0 1 2 3

- Does your child have mood changes with overcast weather? 0 1 2 3

- Does your child have symptoms of inner rage? 0 1 2 3

- Does your child seem uninterested in games or hobbies? 0 1 2 3

- Does your child have difficulty falling into deep restful sleep? 0 1 2 3

- Does your child seem uninterested in friendships? 0 1 2 3

- Does your child have symptoms of unprovoked anger? 0 1 2 3

- Does your child seem uninterested in eating? 0 1 2 3

## SECTION: H (K49)

- Does your child have difficulty handling stress? 0 1 2 3

- Does your child have anger and aggression while being challenged? 0 1 2 3

- Does your child feel tired even after long sleeps? 0 1 2 3

- Does your child tend to isolate from others? 0 1 2 3

- Does your child get distracted easily? 0 1 2 3

- Does your child have constant need and desire for candy and sugar? 0 1 2 3

- Does your child have disorganized attention? 0 1 2 3

## SECTION: I (K48)

- Does your child have difficulty with visual memory? 0 1 2 3

- Does your child have difficulty remembering locations? 0 1 2 3

- Does your child have fatigue or low endurance for learning activities? 0 1 2 3

- Does your child have difficulty with attention or low attention span or endurance? 0 1 2 3

- Does your child have slow or difficult speech? 0 1 2 3

- Does your child have uncoordinated or slow movement? 0 1 2 3

Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition. For nutritional purposes only