**BIT Functional Self-Assessment Checklist**

**ADULT**

**Name: Date:**

**Instructions:** Please rate each symptom/condition by checking the appropriate box to the right. Once complete, please print and bring to your first appointment. This is lengthy, but it gives us a lot of great information and allows us to measure improvements over time.

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|  | **No Difficulty** | **Little Difficulty** | **Moderate Difficulty** | **Much Difficulty** | **Extreme Difficulty** |
| **PHYSICAL** |  |  |  |  |  |
| Allergies/ sensitivities \* |  |  |  |  |  |
| Balance issues (other than dizziness) |  |  |  |  |  |
| Candida/ yeast |  |  |  |  |  |
| Concussions/ Head injuries |  |  |  |  |  |
| Constipation/ digestive issues |  |  |  |  |  |
| Dizziness/ vertigo |  |  |  |  |  |
| Difficulty focusing eyes |  |  |  |  |  |
| Drowsiness or fatigue |  |  |  |  |  |
| Eye strain or irritation |  |  |  |  |  |
| Headaches |  |  |  |  |  |
| Poor eye-hand coordination |  |  |  |  |  |
| Poor overall coordination |  |  |  |  |  |
|  | | | | | |
| **EMOTIONAL** |  |  |  |  |  |
| Anxiety/ nervousness |  |  |  |  |  |
| Brain fog |  |  |  |  |  |
| Difficulty letting things go |  |  |  |  |  |
| Emotional reactivity or poor emotional regulation |  |  |  |  |  |
| Hyper-vigilant/ hyper-aware |  |  |  |  |  |
| Impatient/ restlessness |  |  |  |  |  |
| Impulsive (eating, shopping, etc.) |  |  |  |  |  |
| Lack of confidence or self worth |  |  |  |  |  |
| Mood swings |  |  |  |  |  |
| Negative thought Loops |  |  |  |  |  |
| Overthinks |  |  |  |  |  |
| Timid/ shy |  |  |  |  |  |
| Phobias/ fears \* |  |  |  |  |  |
| PTSD |  |  |  |  |  |
|  | | | | | |
| **EXECUTIVE FUNCTION** |  |  |  |  |  |
| Brain “shuts off” in stressful situations |  |  |  |  |  |
| Daydream excessively |  |  |  |  |  |
| Difficulty budgeting time |  |  |  |  |  |
| Difficulty concentrating |  |  |  |  |  |
| Difficulty following instructions |  |  |  |  |  |
| Difficulty with geographical directions |  |  |  |  |  |
| Difficulty making decisions |  |  |  |  |  |
| Difficulty remembering names |  |  |  |  |  |
| Difficulty remembering Left/Right |  |  |  |  |  |
| Difficulty starting or completing tasks and projects |  |  |  |  |  |
| Fear of speaking in front of groups |  |  |  |  |  |
| Forget what you were going to say |  |  |  |  |  |
| Forget why you walked into a room |  |  |  |  |  |
| Lack balance b/t life/work/family/friends/ self care |  |  |  |  |  |
| Lack follow-through on commitments |  |  |  |  |  |
| Over or under active |  |  |  |  |  |
| Poor organizational skills |  |  |  |  |  |
| Short attention span |  |  |  |  |  |
| Slow in completing work |  |  |  |  |  |
| Test or performance anxiety |  |  |  |  |  |
| Unable to see the "big picture"  or break large tasks into small tasks. |  |  |  |  |  |
|  | | | | | |
| **LEARNING** |  |  |  |  |  |
| Difficulty with math or finances |  |  |  |  |  |
| Letter/number reversal |  |  |  |  |  |
| Speech difficulties (ex. word finding) |  |  |  |  |  |
| Poor reading comprehension |  |  |  |  |  |
| Poor reading skills |  |  |  |  |  |
|  |  |  |  |  |  |
| **Column Totals** | 0 | 0 | 0 | 0 | 0 |
| **Grand TOTAL** | 0 |  |  |  |  |

**Allergies & Sensitivities**

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**Fears & Phobias**

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**Other Concerns**

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