

THOMAS M. BROD, M.D.  
SELF-REGULATION MEDICAL GROUP

**CNS Functioning Assessment** (L.Ochs)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Are you able to drive a motor vehicle? Yes  Partially  No

Are you able to work or study? Yes  Partially  No

Are you able to sustain a close relationship with someone? Yes  Partially  No

How **frequently** do you have problems in the following areas? Please pick a number from 0-to-10.  
"0" means *Not at all*, and "10" means *All the time*.

If one or more of your parents had this, or a similar problem, place a **P** in the column headed by "**Parents?**"

If the problem came on suddenly, put an **S** in the column head by "**Suddenly?**"

| <b>Sensory</b>                                       | <b>Frequency</b><br>(0 - 10) | <b>Parents?</b> | <b>Suddenly?</b> |
|--|------------------------------|-----------------|------------------|
| Light, in general, or lights, bother you             | _____                        | _____           | _____            |
| Problems with the sense of smell                     | _____                        | _____           | _____            |
| Problems with vision                                 | _____                        | _____           | _____            |
| Problems with hearing                                | _____                        | _____           | _____            |
| Problems with the sense of touch                     | _____                        | _____           | _____            |
| <b>Emotions</b>                                      |                              |                 |                  |
| Problems of sudden, unexplained changes in mood      | _____                        | _____           | _____            |
| Problems of sudden, unexplained fearfulness          | _____                        | _____           | _____            |
| Problems of unexplained spells of depression/sadness | _____                        | _____           | _____            |
| Problems of unexplained spells of elation            | _____                        | _____           | _____            |
| Problems with explosiveness                          | _____                        | _____           | _____            |
| Problems with suicidal thoughts or actions           | _____                        | _____           | _____            |
| <b>Clarity</b>                                       |                              |                 |                  |
| Feel "foggy" and have problems with clarity          | _____                        | _____           | _____            |
| Problems following conversations (with good hearing) | _____                        | _____           | _____            |
| Problems with confusion                              | _____                        | _____           | _____            |
| Problems following what you are reading              | _____                        | _____           | _____            |
| Realize you have no idea what you have been reading  | _____                        | _____           | _____            |
| Problems with concentration                          | _____                        | _____           | _____            |
| Problems with attention                              | _____                        | _____           | _____            |
| Problems not finishing what you start                | _____                        | _____           | _____            |
| Problems with sequencing                             | _____                        | _____           | _____            |
| Problems with prioritizing                           | _____                        | _____           | _____            |

|  | <b>Frequency</b><br>(0 - 10) | <b>Parents?</b> | <b>Suddenly?</b> |
|--|------------------------------|-----------------|------------------|
| Problems organizing your room, office, paperwork               |                              |                 |                  |
| Problems with getting lost in daydreaming                      |                              |                 |                  |
| You cover up that you don't know what was said or asked of you |                              |                 |                  |
| <b>Energy</b>  |                              |                 |                  |
| Problems with stamina  |                              |                 |                  |
| Fatigue during the day   |                              |                 |                  |
| Troubles falling asleep at night                               |                              |                 |                  |
| Problems awakening at night                                    |                              |                 |                  |
| Problems falling asleep again                                  |                              |                 |                  |
| <b>Activation/Anxiety</b>                                      |                              |                 |                  |
| Restlessness   |                              |                 |                  |
| Problems with Irritability                                     |                              |                 |                  |
| Day Dreaming   |                              |                 |                  |
| Worrying   |                              |                 |                  |
| Always Moving  |                              |                 |                  |
| Cold hands or feed   |                              |                 |                  |
| Palpitations   |                              |                 |                  |
| <b>Memory</b>  |                              |                 |                  |
| Forget what you have just heard                                |                              |                 |                  |
| Forget what you are doing, what you need to do                 |                              |                 |                  |
| Problems with procrastination and lack of initiative           |                              |                 |                  |
| Problems not learning from experience                          |                              |                 |                  |
| <b>Movement</b>  |                              |                 |                  |
| Problems with paralysis of one or more limbs                   |                              |                 |                  |
| Problems focusing or converging the eyes                       |                              |                 |                  |
| <b>Pain</b>  |                              |                 |                  |
| Head pain that is steady                                       |                              |                 |                  |
| Head pain that is throbbing / migraines                        |                              |                 |                  |
| Shoulder and neck pain / upper back                            |                              |                 |                  |
| Wrist pain   |                              |                 |                  |
| Tender areas of muscles  |                              |                 |                  |
| All-over pain  |                              |                 |                  |
| Joint pain   |                              |                 |                  |
| Other pain (specify)   |                              |                 |                  |

**Other Problems**

|                                      | <b>Frequency</b><br>(0 - 10) | <b>Parents?</b> | <b>Suddenly?</b> |
|--------------------------------------|------------------------------|-----------------|------------------|
| Problems with nausea                 |                              |                 |                  |
| Skin problems                        |                              |                 |                  |
| Problems with speech or articulation |                              |                 |                  |
| Dizziness                            |                              |                 |                  |
| Noise in ears (Tinnitus)             |                              |                 |                  |
| Other Problems (list)                |                              |                 |                  |

