



ROCKY MOUNTAIN
Memory Center

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Neurobehavioral Functioning Inventory – Patient Form

Name: _____ Age: _____ Date: _____

How often do you **CURRENTLY** have any of the following problems?
Please fill in the box under the label, *Never, Rarely, Sometimes, Often or Always*.
If you wish to change your answer, put an X through it and fill in your new choice.
Use a No. 2 pencil only.

	Never	Rarely	Sometimes	Often	Always
1. Blackout spells	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
2. Seizures	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
3. Threaten to hurt yourself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
4. Cannot be left at home alone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
5. Miss or cannot attend work/school	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
6. Double or blurred vision	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
7. Feel hopeless	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
8. Stomach hurts	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
9. Forget yesterday's events	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
10. Difficulty pronouncing words	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
11. Curse at others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
12. Difficulty lifting heavy objects	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
13. Feel worthless	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
14. Nauseous	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
15. Forget if you have done things	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
16. Write slowly	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
17. Hit or push others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
18. Move slowly	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
19. Sad, blue	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
20. Headaches	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
21. Forget or miss appointments	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

	Never	Rarely	Sometimes	Often	Always
22. Trouble understanding conversation	1	2	3	4	5
23. Argue	1	2	3	4	5
24. Lose balance	1	2	3	4	5
25. Lonely	1	2	3	4	5
26. Dizzy	1	2	3	4	5
27. Forget people's names	1	2	3	4	5
28. Make spelling mistakes	1	2	3	4	5
29. Inappropriate comments or behavior	1	2	3	4	5
30. Weak	1	2	3	4	5
31. No confidence	1	2	3	4	5
32. Stomach bloated	1	2	3	4	5
33. Forget what you read	1	2	3	4	5
34. Difficulty thinking of the right word	1	2	3	4	5
35. Break or throw things	1	2	3	4	5
36. Drop things	1	2	3	4	5
37. Frustrated	1	2	3	4	5
38. Nightmares	1	2	3	4	5
39. Lose track of time, day or date	1	2	3	4	5
40. Difficulty making conversation	1	2	3	4	5
41. Scream or yell	1	2	3	4	5
42. Muscles tingle or twitch	1	2	3	4	5
43. Sit with nothing to do	1	2	3	4	5
44. Ringing in ears	1	2	3	4	5
45. Forget to do chores or work	1	2	3	4	5
46. Speech doesn't make sense	1	2	3	4	5
47. Rude to others	1	2	3	4	5
48. Difficulty performing chores	1	2	3	4	5
49. Scared or frightened	1	2	3	4	5
50. Poor appetite	1	2	3	4	5
51. Misplace things	1	2	3	4	5
52. My writing is hard to read	1	2	3	4	5

	Never	Rarely	Sometimes	Often	Always
53. Threaten to hurt others	1	2	3	4	5
54. Trip over things	1	2	3	4	5
55. Concentration is poor	1	2	3	4	5
56. Lose train of thought	1	2	3	4	5
57. Forget phone numbers	1	2	3	4	5
58. Lose way, get lost	1	2	3	4	5
59. Bored	1	2	3	4	5
60. Confused	1	2	3	4	5
61. Read slowly	1	2	3	4	5
62. Easily distracted	1	2	3	4	5
63. Talk too fast or slow	1	2	3	4	5
64. Forget to turn off appliances	1	2	3	4	5
65. Difficulty enjoying activities	1	2	3	4	5
66. Trouble following instructions	1	2	3	4	5
67. Uncomfortable around others	1	2	3	4	5
68. Curse at yourself	1	2	3	4	5
69. Forget to take medication	1	2	3	4	5
70. Can't get mind off certain thoughts	1	2	3	4	5
71. Disorganized	1	2	3	4	5
72. Restless	1	2	3	4	5
73. Late for appointments	1	2	3	4	5
74. Trouble falling asleep	1	2	3	4	5
75. Trouble hearing	1	2	3	4	5
76. Food doesn't taste right	1	2	3	4	5