

Lower Brain Assessment for Adults

Since two different people each go through this checklist separately, you will need to print two copies of it.

If the directions refer to Person #1, that is going to be you. If the directions refer to Person #2, that is going to be the person you've chosen to also do this assessment of you.

Note that Person #1 does not have to do the behavior all the time in order to mark a circle.

<u>Step 1</u>

Person #1: Mark the circle if the description applies to you. Person #2: Mark the circle if you've observed the behavior in Person 7

Has difficulty staying on task	
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- Seeks ways to move
- OZones out at times
- Likes to rock in a chair
- Has no sense of direction
- Grips a pencil tightly
- Has poor handwriting
- O Dislikes light touch
- O Dislikes cuddling
- Avoids placing hands in messy substances
- Places hands in pockets (often)
- Has sensitivity to fabrics and tags
- Has sensitivity to certain textures of food
- C Loses place when reading
- Has poor reading comprehension
- Has to reread text several times to understand it
- Obislikes reading
- O Dislikes writing
- O Demonstrates inconsistent behavior
- O Demonstrates inconsistent quality of work
- Resists things that are new and different
- Has difficulty making transitions
- Taps pens (or pencils) a lot
- Taps feet a lot
- Asks people to frequently repeat what they just said
- Can't focus on what's being said if there's background noise
- C Engages in road rage

behavior in Person 1.		
	◯ Has no sense of feeling full after eating	
	◯ Has no interest in eating	
	\bigcirc Has difficulty waking up in the morning	
	◯ Has difficulty sleeping	
	\bigcirc Is tired (much of the time)	
	\bigcirc Has trouble processing what people are saying	
	Quits whenever something doesn't go as expected	
	Has difficulty tolerating a feeling of discomfort	
	Likes to have everything in order	
	\bigcirc Engages in heated discussions on a regular basis	
	Has poor organization skills	
	◯ Gets motion sickness	
	Avoids confrontation	
	Has panic attacks	
	◯ Is anxious over trivial matters	
d it	Displays irrational, aggressive behavior	
	Has a sense of never excelling at anything	
	Is easily overwhelmed	
	Avoids physical activities	
	Avoids eye contact	
	\bigcirc Is always on the go (just can't relax)	
	\bigcirc Likes chewing on something (including gum)	
	\bigcirc Starts tasks but doesn't usually finish them	
	\bigcirc Has a sense of working harder than others to get	

Tilts head slightly to the side when conversing or reading or writing

the same results

Has dificulty letting go of a thought (e.g. still upset days later over a minor incident)

<u>Part 2</u>

Person 1: Mark the circle if anyone has ever said any of these comments to you. Person 2: Mark the circle if you or others have ever said any of these comments to Person 1.

- O You're a perfectionist.
- O You get so defensive.
- You're high maintenance.
- You're so uptight.
- O You have an addictive personality.
- O You're impulsive.
- O You're unreliable.
- O You're awfully clumsy.
- O You're so indecisive.
- O You procrastinate a lot.
- You need to stand up for yourself.
- O You worry too much.
- 🔵 You're lazy.
- O You're an underachiever.
- You don't handle stress very well.
- You have a low threshold for stress.
- That's pretty distorted thinking.
- People have to walk on eggshells whenever they approach you on something.
- You don't always process (accurately) what was said or presented in written materials.
- You're a quitter (or "You don't stick with anything").

<u>Part 3</u>

Person 1: Mark the circle if the sentence is true for you. Person 2: Mark the circle if you've observed the sentence to be true for Person 1.

I've tried various other approaches (including taking medications) to attempt to eliminate unwelcome behavior, but nothing seemed to yield significant of results.

) I've noticed a worsening of unwelcome behavior after one or more of the following: pregnancy, menopause, a serious illness, a death in the family, or some other significant life event.

I've noticed a worsening of unwelcome behavior as I continue to age.

) I have distorted fears (i.e. other people would raise their eyebrows and go, "You're afraid of that??").

Score the assessment.

Person 1: Count each marked circle. Write the total on this line

Person 2: Count each marked circle. Write the total on this line _____

Compare scores. If there is a difference in the totals, add the two together. Divide by two to arrive at your average score. Write that number on this line for your final score.

Interpreting Your Score

0 points

This reflects a very well-organized brain.

1-4 points

All in all, this score suggests a fairly well-organized brain . . . unless one of your marked areas is significantly impacting your life (e.g. panic attacks). In such case, you may just be compensating well in other areas or successfully *avoiding* whatever would cause you problems.

5-9 points

This score shows some degree of a disorganized brain. However, since the number is not that high, you probably compensate well enough—most of the time—until there may be too much stress all at once.

Over 10 points

This suggests a notably disorganized brain. It also reflects that your cortex is working way too hard to compensate for missing automatic brain functions. The higher the number is past 10, the greater probability of more underdevelopment of the lower brain. For example, a person with just 10% of his pons developed is going to have a much more difficult time compensating (so we'll see more signs of a disorganized brain) than someone who already has 50% of that development complete.