

# ***Brain Diagnostics of Texas, LLC***

## **BrainScope<sup>®</sup> Candidate Questionnaire**

1. Did you have headaches immediately after your accident?
2. Did you hit your head on anything on the day of your accident?
3. Do you experience any pressure in your head?
4. Has your vision been blurry since your accident?
5. Do you experience any neck pain?
6. Any dizziness?
7. Are you feeling nauseous?
8. Do you experience any balance problems?
9. Any sensitivity to light or sound?
10. Are you feeling tired, sluggish, hazy, or foggy since your accident?
11. Did you lose consciousness on the day of your accident?
12. Since your accident, are you more emotional, irritable, experiencing any sadness or feeling anxious?

### **To Schedule**

**Call: 832-803-0651**

**Email: [scheduling@braindiagnostictx.com](mailto:scheduling@braindiagnostictx.com)**

**Fax: 832-916-2704**