Neurotransmitter Assessment Form

Name: **Date:**

Score each question 0 to 3. 0 = least/never, 3 = most/always

Section A	
Is your memory noticably declining?	
Are you having a hard time remembering names and phone numbers?	
Is your ability to focus noticably declining?	
Has it become harder for you to learn things?	
Do you have a hard time remembering your appointments?	
Is your temperament getting worse in general?	
Are you losing your attention span endurance?	
Are you more depressed than usual?	
Do you fatigue when driving sooner than in the past?	
Do you fatigue when reading sooner than in the past?	
Do you walk into rooms and forget why?	
Do you pick up the phone and forget why?	
Section A Total:	0

Section B	
Is your stress level high?	
Do you always have something that must be done?	
Do you feel you never have time for yourself?	
Do you feel you are not getting enough sleep or rest?	
Are you not getting enough regular exercise?	
Do you feel that you are not cared about enough by others?	
Do you feel that you are not accomplishing your life's purpose?	
Do you feel there is nobody to share your problems with?	
Section B Total:	0

Section C	
Section C1	
Do you get irritable, shaky, or light-headed between meals?	
Do you feel energized after eating?	
Do you have difficulty eating large meals in the morning?	
Does your energy level drop in the afternoon?	
Do you crave sugar or sweets in the afternoon?	
Do you wake up in the middle of the night?	
Do you have difficulty concentrating before eating?	
Do you depend on coffee to keep yourself going?	
Do you feel agitated, easily upset, or nervous between meals?	
Section C1 Subtotal:	0
Section C2	
Do you get fatigued or sleepy after meals?	
Do you crave sugar or sweets after meals?	
Do you feel the need for stimulants such as coffee after meals?	
Do you have difficulty losing weight?	
Is your waist circumference equal to or larger than your hip circumference?	
Do you have frequent urination?	
Has your thirst and appetite increased?	
Do you still crave sugar after eating sweets?	
Do you have weight gain when under stress?	
Do you have difficulty falling asleep?	

Section C2 Subtotal:	0
Section C Total:	0

Section 1	
Are you losing pleasure in interests and hobbies?	
Do you feel overwhelmed with ideas to manage?	
Do you have feelings of inner rage (anger)?	
Do you have feelings of paranoia?	
Do you feel depressed?	
In general, do you feel you are not enjoying life?	
Do you feel you lack artistic appreciation?	
Do you feel depressed in overcast weather?	
Are you losing enthusiasm for your favorite activities?	
Are you losing enjoyment for your favorite foods?	
Are you losing enjoyment of friendships and relationships?	
Do you have difficulty falling into deep restful sleep?	
Do you feel dependent on others?	
Do you feel more susceptible to pain?	
Do you have feelings of unprovoked anger?	
Are you losing interest in life?	
Section 1 Total:	0

Section 2	
Do you have feelings of hopelessness?	
Do you have self-destructive thoughts?	
Do you have an inability to handle stress?	
Do you have anger and aggression while under stress?	
Do you feel you are not rested even after long hours of sleep?	
Do you prefer to isolate yourself from others?	
Do you have unexplained lack of concern for family and friends?	
Are you distracted easily?	
Do you have an inability to finish tasks?	
Do you feel the need to consume caffeine to stay alert?	
Do you feel your libido has been decreased?	
Do you lose your temper for minor reasons?	
Do you have feeling of worthlessness?	
Section 2 Total:	0

Section 3	
Do you feel anxious or panic for no reason?	
Do you have feelings of dread, or pending gloom?	
Do you feel knots in you stomach?	
Do you have feelings of being overwhelmed for no reason?	
Do you have feelings of guilt about everyday decisions?	
Does your mind feel restless?	
Is it difficult to turn your mind off when you want to relax?	
Do you have disorganized attention?	
Do you now worry about things you were not worried about before?	
Do you have feelings of inner tension and inner excitability?	
Section 3 Total:	0

Section 4	
Do you feel your visual memory (shapes & images) is decreased?	
Do you feel your verbal memory is decreased?	
Do you have memory lapses?	

Has your creativity been decreased?	
Has your comprehension diminished?	
Do you have difficulty calculating numbers?	
Do you have difficulty recognizing objects & faces?	
Do you feel like your opinion about yourself is changed?	
Are you experiencing excessive urination?	
Are you experiencing a slower mental response?	
Section 4 Total:	0