

Neurotransmitter Assessment Form (NTAF)

Name: _____ Age: _____ Sex: _____ Date: _____

Please select the appropriate number on all questions below (0 as the least/never to 3 as the most/always).

SECTION A

0 1 2 3

- Is your memory noticeably declining?
- Are you having a hard time remembering names and phone numbers?
- Is your ability to focus noticeably declining?
- Has it become harder for you to learn new things?
- How often do you have a hard time remembering your appointments?
- Is your temperament generally getting worse?
- Is your attention span decreasing?
- How often do you find yourself down or sad?
- How often do you become fatigued when driving compared to in the past?
- How often do you become fatigued when reading compared to in the past?
- How often do you walk into rooms and forget why?
- How often do you pick up your cell phone and forget why?

SECTION B

- How high is your stress level?
- How often do you feel you have something that must be done?
- Do you feel you never have time for yourself?
- How often do you feel you are not getting enough sleep or rest?
- Do you find it difficult to get regular exercise?
- Do you feel uncared for by the people in your life?
- Do you feel you are not accomplishing your life's purpose?
- Is sharing your problems with someone difficult for you?

SECTION C

SECTION C1

- How often do you get irritable, shaky, or have light-headedness between meals?
- How often do you feel energized after eating?
- How often do you have difficulty eating large meals in the morning?
- How often does your energy level drop in the afternoon?
- How often do you crave sugar and sweets in the afternoon?
- How often do you wake up in the middle of the night?
- How often do you have difficulty concentrating before eating?
- How often do you depend on coffee to keep yourself going?
- How often do you feel agitated, easily upset, and nervous between meals?

SECTION C2

0 1 2 3

- How often do you get fatigued after meals?
- How often do you crave sugar and sweets after meals?
- How often do you feel you need stimulants, such as coffee, after meals?
- How often do you have difficulty losing weight?
- How much larger is your waist girth compared to your hip girth?
- How often do you urinate?
- Have your thirst and appetite increased?
- How often do you gain weight when under stress?
- How often do you have difficulty falling asleep?

SECTION 1

- Are you losing interest in hobbies?
- How often do you feel overwhelmed?
- How often do you have feelings of inner rage?
- How often do you have feelings of paranoia?
- How often do you feel sad or down for no reason?
- How often do you feel like you are not enjoying life?
- How often do you feel you lack artistic appreciation?
- How often do you feel depressed in overcast weather?
- How much are you losing your enthusiasm for your favorite activities?
- How much are you losing your enjoyment for your favorite foods?
- How much are you losing your enjoyment of friendships and relationships?
- How often do you have difficulty falling into deep, restful sleep?
- How often do you have feelings of dependency on others?
- How often do you feel more susceptible to pain?
- How often do you have feelings of unprovoked anger?
- How much are you losing interest in life?