

Neurotransmitter Assessment Form™ (NTAF)

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

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

SECTION A

- Is your memory noticeably declining? 0 1 2 3
- Are you having a hard time remembering names and phone numbers? 0 1 2 3
- Is your ability to focus noticeably declining? 0 1 2 3
- Has it become harder for you to learn new things? 0 1 2 3
- How often do you have a hard time remembering your appointments? 0 1 2 3
- Is your temperament generally getting worse? 0 1 2 3
- Is your attention span decreasing? 0 1 2 3
- How often do you find yourself down or sad? 0 1 2 3
- How often do you become fatigued when driving compared to in the past? 0 1 2 3
- How often do you become fatigued when reading compared to in the past? 0 1 2 3
- How often do you walk into rooms and forget why? 0 1 2 3
- How often do you pick up your cell phone and forget why? 0 1 2 3

SECTION B

- How high is your stress level? 0 1 2 3
- How often do you feel you have something that must be done? 0 1 2 3
- Do you feel you never have time for yourself? 0 1 2 3
- How often do you feel you are not getting enough sleep or rest? 0 1 2 3
- Do you find it difficult to get regular exercise? 0 1 2 3
- Do you feel uncared for by the people in your life? 0 1 2 3
- Do you feel you are not accomplishing your life's purpose? 0 1 2 3
- Is sharing your problems with someone difficult for you? 0 1 2 3

SECTION C

SECTION C1

- How often do you get irritable, shaky, or have light-headedness between meals? 0 1 2 3
- How often do you feel energized after eating? 0 1 2 3
- How often do you have difficulty eating large meals in the morning? 0 1 2 3
- How often does your energy level drop in the afternoon? 0 1 2 3
- How often do you crave sugar and sweets in the afternoon? 0 1 2 3
- How often do you wake up in the middle of the night? 0 1 2 3
- How often do you have difficulty concentrating before eating? 0 1 2 3
- How often do you depend on coffee to keep yourself going? 0 1 2 3
- How often do you feel agitated, easily upset, and nervous between meals? 0 1 2 3

SECTION C2

- How often do you get fatigued after meals? 0 1 2 3
- How often do you crave sugar and sweets after meals? 0 1 2 3
- How often do you feel you need stimulants, such as coffee, after meals? 0 1 2 3
- How often do you have difficulty losing weight? 0 1 2 3
- How much larger is your waist girth compared to your hip girth? 0 1 2 3
- How often do you urinate? 0 1 2 3
- Have your thirst and appetite increased? 0 1 2 3
- How often do you gain weight when under stress? 0 1 2 3
- How often do you have difficulty falling asleep? 0 1 2 3

SECTION 1

- Are you losing interest in hobbies? 0 1 2 3
- How often do you feel overwhelmed? 0 1 2 3
- How often do you have feelings of inner rage? 0 1 2 3
- How often do you have feelings of paranoia? 0 1 2 3
- How often do you feel sad or down for no reason? 0 1 2 3
- How often do you feel like you are not enjoying life? 0 1 2 3
- How often do you feel you lack artistic appreciation? 0 1 2 3
- How often do you feel depressed in overcast weather? 0 1 2 3
- How much are you losing your enthusiasm for your favorite activities? 0 1 2 3
- How much are you losing your enjoyment for your favorite foods? 0 1 2 3
- How much are you losing your enjoyment of friendships and relationships? 0 1 2 3
- How often do you have difficulty falling into deep, restful sleep? 0 1 2 3
- How often do you have feelings of dependency on others? 0 1 2 3
- How often do you feel more susceptible to pain? 0 1 2 3
- How often do you have feelings of unprovoked anger? 0 1 2 3
- How much are you losing interest in life? 0 1 2 3

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SECTION 2

- How often do you have feelings of hopelessness? 0 1 2 3
- How often do you have self-destructive thoughts? 0 1 2 3
- How often do you have an inability to handle stress? 0 1 2 3
- How often do you have anger and aggression while under stress? 0 1 2 3
- How often do you feel you are not rested, even after long hours of sleep? 0 1 2 3
- How often do you prefer to isolate yourself from others? 0 1 2 3
- How often do you have unexplained lack of concern for family and friends? 0 1 2 3
- How easily are you distracted from your tasks? 0 1 2 3
- How often do you have an inability to finish tasks? 0 1 2 3
- How often do you feel the need to consume caffeine to stay alert? 0 1 2 3
- How often do you feel your libido has been decreased? 0 1 2 3
- How often do you lose your temper for minor reasons? 0 1 2 3
- How often do you have feelings of worthlessness? 0 1 2 3

SECTION 3

- How often do you feel anxious or panicked for no reason? 0 1 2 3
- How often do you have feelings of dread or impending doom? 0 1 2 3
- How often do you feel knots in your stomach? 0 1 2 3
- How often do you have feelings of being overwhelmed for no reason? 0 1 2 3
- How often do you have feelings of guilt about everyday decisions? 0 1 2 3
- How often does your mind feel restless? 0 1 2 3
- How difficult is it to turn your mind off when you want to relax? 0 1 2 3
- How often do you have disorganized attention? 0 1 2 3
- How often do you worry about things you were not worried about before? 0 1 2 3
- How often do you have feelings of inner tension and inner excitability? 0 1 2 3

SECTION 4

- Do you feel your visual memory (shapes & images) has decreased? 0 1 2 3
- Do you feel your verbal memory has decreased? 0 1 2 3
- Do you have memory lapses? 0 1 2 3
- Has your creativity decreased? 0 1 2 3
- Has your comprehension diminished? 0 1 2 3
- Do you have difficulty calculating numbers? 0 1 2 3
- Do you have difficulty recognizing objects & faces? 0 1 2 3
- Do you feel like your opinion about yourself has changed? 0 1 2 3
- Are you experiencing excessive urination? 0 1 2 3
- Are you experiencing a slower mental response? 0 1 2 3

SECTION 5

- A decrease in mental alertness 0 1 2 3
- A decrease in mental speed 0 1 2 3
- A decrease in concentration quality 0 1 2 3
- Slow cognitive processing 0 1 2 3
- Impaired mental performance 0 1 2 3
- An increase in the ability to be distracted 0 1 2 3
- Need coffee or caffeine sources to improve mental function 0 1 2 3

Medication History*

Please check any of the following medications you have taken in the past or are currently taking.

Noradrenergic and Specific Serotonergic Antidepressants (NaSSAs)

- Remeron®
- Zispin®
- Avanza®
- Norset®
- Remergil®
- Axit®

Tricyclic Antidepressants (TCAs)

- Elavil®
- Endep®
- Tryptanol®
- Trepiline®
- Asendin®
- Asendis®
- Defanyl®
- Demolox®
- Moxadil®
- Anafranil®
- Norpramin®
- Pertofranc®
- Thaden™
- Prothiaden®
- Adapin®
- Sinequan®
- Tofranil®
- Janamine®
- Gamamil®
- Aventyl®
- Pamelor®
- Opipramol®
- Vivactil®
- Rhotrimine®
- Surmontil®
- Norpramin®

Selective Serotonin Reuptake Inhibitors (SSRIs)

- Paxil®
- Zolof®
- Prozac®
- Celexa®
- Lexapro®
- Esertia®
- Luvox®
- Cipramil®
- Emocal®
- Seropram®
- Cipralax®
- Fontex®
- Priligy®
- Seromex®
- Seronil®
- Sarafem®
- Fluctin®
- Faverin®
- Seroxat®
- Aropax®
- Deroxat®
- Rexetin®
- Paroxat®
- Lustral®
- Serlain®

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

- Effexor®
- Pristiq®
- Meridia®
- Serzone®
- Dalcipran®
- Cymbalta®

Selective Serotonin Reuptake Enhancers (SSREs)

- Stablon®
- Coaxil®
- Tatinol®

Monoamine Oxidase Inhibitors (MAOIs)

- Marplan®
- Aurorix®
- Manerix®
- Moclodura®
- Nardil®
- Adeline®
- Eldepryl®
- Azilect®
- Marsilid®
- Iprozid®
- Ipronid®
- Rivivol®
- Propilniazida®
- Zyvox®
- Zyvoxid®

Dopamine Receptor Agonists

- Mirapex®
- Sifrol®
- Requip®

Norepinephrine–Dopamine Reuptake Inhibitors (NDRIs)

- Wellbutrin XL®

D2 Dopamine Receptor Blockers (antipsychotics)

- Thorazine®
- Prolixin®
- Trilafon®
- Compazine®
- Mellaril®
- Stelazine®
- Vesprin®
- Nozinan®
- Depixol®
- Navane®
- Fluanxol®
- Clopixol®
- Acuphase®
- Haldol®
- Orap®
- Clozaril®
- Zyprexa®
- Zydis®
- Seroquel XR®
- Geodon®
- Solian®
- Invega®
- Abilify®

GABA Antagonist Competitive Binder

- Romazicon®

Agonist Modulators of GABA Receptors (benzodiazepines)

- Xanax®
- Lexotanil®
- Lexotan®
- Librium®
- Klonopin®
- Valium®
- Prosom®
- Rohypnol®
- Magadon®
- Dalmene®
- Ativan®
- Loramet®
- Sedoxil®
- Dormicum®
- Serax®
- Restoril®
- Halcion®

Agonist Modulators of GABA Receptors (non-benzodiazepines)

- Ambien CR®
- Sonata®
- Lunesta®
- Imovane®

Acetylcholine Receptor Agonists

- Urecholine®
- Evoxac®
- Salagen®
- Isopto®
- Nicotone

Acetylcholine Receptor Antagonists (antimuscarinic agents)

- AtroPen®
- Scopace®
- Atrovent®
- Spiriva®

Acetylcholine Receptor Antagonists (ganglionic blockers)

- Inversine®
- Nicotine (high doses)
- Hexamethonium
- Arfonad®

Acetylcholine Receptor Antagonists (neuromuscular blockers)

- Tracrium®
- Nimbex®
- Nuromax®
- Metubine®
- Mivacron®
- Pavulon®
- Zemuron®
- Anectine®
- Tubocurarine®
- Norcuron®
- Hemicholinium-3®

Acetylcholinesterase Reactivators

- Protopam®

Cholinesterase Inhibitors (reversible)

- Aricept®
- Exelon®
- Cognex®
- THC
- Carbamate insecticides
- Enlon®
- Prostigmin®
- Antilirium®
- Mestinon®

Cholinesterase Inhibitors (irreversible)

- Echothiophate
- Isoflurophate
- Organophosphate insecticides
- Organophosphate-containing nerve agents

*Please refer to prescribing physician for nutritional interactions with any medications you are taking.