



Neurotransmitter Questionnaire

Name _____ Age: _____ Date: _____

**Please circle the appropriate number "0-3" 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? | 0 | 1 | 2 | 3 |
| Is your ability to focus noticeably declining? | 0 | 1 | 2 | 3 |
| Has it become harder for you to learn things? | 0 | 1 | 2 | 3 |
| How often do you have a hard time remembering your appointments? | 0 | 1 | 2 | 3 |
| Is your temperament getting worse in general? | 0 | 1 | 2 | 3 |
| Are you losing your attention span endurance? | 0 | 1 | 2 | 3 |
| How often do you find yourself down or sad? | 0 | 1 | 2 | 3 |
| How often do you fatigue when reading compared to 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 that 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? | 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 | | | | |
| How often do you get irritable, shaky, or have lightheadedness 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 |
| Do you get fatigued after meals? | 0 | 1 | 2 | 3 |
| Do you crave sugar and sweets after meals? | 0 | 1 | 2 | 3 |
| Do you feel you need stimulants such as coffee after meals? | 0 | 1 | 2 | 3 |
| 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 |
| Do you have weight gain under stress? | 0 | 1 | 2 | 3 |
| Do you have difficulty falling asleep? | 0 | 1 | 2 | 3 |

| SECTION 1-S | | | | |
|---|---|---|---|---|
| Are you losing your pleasure in hobbies and interests? | 0 | 1 | 2 | 3 |
| How often do you feel overwhelmed with ideas to manage? | 0 | 1 | 2 | 3 |
| How often do you have feelings of inner rage (anger)? | 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 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 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 |
| SECTION 2-D | | | | |
| 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-G | | | | |
| How often do you feel anxious or panic for no reason? | 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-ACH | | | | |
| Do you feel your visual memory (shapes and images) is decreased? | 0 | 1 | 2 | 3 |
| Do you feel your verbal memory is decreased? | 0 | 1 | 2 | 3 |
| Do you have memory lapses? | 0 | 1 | 2 | 3 |
| Has your creativity been decreased? | 0 | 1 | 2 | 3 |
| Has your comprehension been diminished? | 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 |