

Health Questionnaire (NTAF)

Name: _____ Age: _____ Sex: _____ 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 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 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 driving compared to the past? 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 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 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

SECTION C2

- 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 been increased? 0 1 2 3
- Do you have weight gain when 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 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 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

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 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 - ACH

- Do you feel your visual memory (shapes & 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 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 slower mental response? 0 1 2 3

Medication History*

Please check any of the following medications you have been or are currently taking.

Acetylcholine Receptor Antagonist – Antimuscarinic Agents

☐ Atropine, ☐ Ipratropium, ☐ Scopolamine, ☐ Tiotropium

Acetylcholine Receptor Antagonist - Ganglionic Blockers

☐ Mecamylamine, ☐ Hexamethonium, ☐ Nicotine (high doses), ☐ Trimethaphan

Acetylcholinesterase Reactivators

☐ Pralidoxime

Acetylcholine Receptor Antagonist - Neuromuscular Blockers

☐ Atracurium, ☐ Cisatracurium, ☐ Doxacurium, ☐ Metocurine, ☐ Mivacurium, ☐ Pancuronium, ☐ Rocuronium, ☐ Succinylcholine, ☐ Tubocurarine, ☐ Vecuronium, ☐ Hemicholinium

Agonist Modulator of GABA Receptor (benzodiazepines)

☐ Xanax®, ☐ Lexotanil, ☐ Lexotan®, ☐ Librium, ☐ Klonopin®, ☐ Valium®, ☐ ProSom®, ☐ Rohypnol, ☐ Dalmane, ☐ Ativan, ☐ Loramet®, ☐ Sedoxil, ☐ Dormicum, ☐ Megalodon, ☐ Serax®, ☐ Restoril, ☐ Halcion

Agonist Modulator of GABA Receptors (nonbenzodiazepines)

☐ Ambien CR®, ☐ Sonata®, ☐ Lunesta®, ☐ Imovane

Cholinesterase Inhibitors (irreversible)

☐ Echotiophate, ☐ Isoflurophate, ☐ Organophosphate Insecticides, ☐ Organophosphate-containing nerve agents

Cholinesterase Inhibitors (reversible)

☐ Donepezil, ☐ Galatamine, ☐ Rivastigmine, ☐ Tacrine, ☐ THC, ☐ Edrophonium, ☐ Neostigmine, ☐ Physostigmine, ☐ Pyridostigmine, ☐ Carbamate Insecticides

Dopamine Reuptake Inhibitors

☐ Wellbutrin XL® (Bupropion)

Dopamine Receptor Agonists

☐ Mirapex®, ☐ Sifrol®, ☐ Requip®

D2 Dopamine Receptor Blockers (antipsychotics)

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

GABA Antagonist Competitive binder

☐ Flumazenil

Monoamine® Oxidase Inhibitors (MAOI)

☐ Marplan®, ☐ Aurorix®, ☐ Manerix®, ☐ Moclodura, ☐ Nardil, ☐ Adeline®, ☐ Eldepryl®, ☐ Azilect®, ☐ Marsilid®, ☐ Iprozid®, ☐ Iprnid®, ☐ Rivivol, ☐ Popilniazida®, ☐ Zyvox®, ☐ Zyvoxid®

Noradrenergic® and Specific Sertonegic® Antidepressants (NaSSaa)

☐ Remeron®, ☐ Zispin®, ☐ Avanza®, ☐ Norset®, ☐ Remergil®, ☐ Axit®

Selective Serotonin Reuptake Inhibitors

☐ Paxil®, ☐ Zoloft®, ☐ Prozac®, ☐ Celexa®, ☐ Lexapro®, ☐ Luvox®, ☐ Cipramil®, ☐ Emocal®, ☐ Seropram®, ☐ Cipralex®, ☐ Esteria®, ☐ Fontex®, ☐ Dapoxetine®, ☐ Seromex®, ☐ Seronil®, ☐ Sarafem®, ☐ Fluctin®, ☐ Faverin®, ☐ Seroxat, ☐ Aropax®, ☐ Deroxat®, ☐ Rexetin®, ☐ Paroxat®, ☐ Lustral®, ☐ Serlain®

Selective Serotonin Reuptake Enhancers

☐ Stablon®, ☐ Coaxil, ☐ Tatinol®

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

☐ Effexor®, ☐ Pristiq®, ☐ Meridia, ☐ Serzone®, ☐ Dalcipran®, ☐ Despiramin, ☐ Duloxetine

Tricyclic Antidepressants (TCAs)

☐ Elavil®, ☐ Endep®, ☐ Tryptanol, ☐ Trepiline®, ☐ Asendin®, ☐ Asendis®, ☐ Defanyl®, ☐ Demolox®, ☐ Moxadil®, ☐ Anafranil®, ☐ Norpramin®, ☐ Pertofrane®, ☐ Prothiaden®, ☐ Adapin®, ☐ Sinequan®, ☐ Tofranil®, ☐ Janamine®, ☐ Gamanil®, ☐ Aventyl®, ☐ Pamelor®, ☐ Opipramol®, ☐ Vivactil®, ☐ Rhotrimine®, ☐ Surmontil®

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