Neurotransmitter Assessment Form (NTAF)

_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 – GENERAL BRAIN FUNCTION					1	• Do you feel depressed in overcast weather?	0	1	2	3
Is your memory noticeably declining?	0	1	2	1	3	 Are you losing your enthusiasm for your 	0	1		3
 Are you having a hard time remembering names 		1	2			favorite activities?	v	-	-	U
and phone numbers?						• Are you losing enjoyment for your favorite foods?	0	1	2	3
• Is your ability to focus noticeably declining?	0	1	2	3	3	• Are you losing your enjoyment of friendships	0	1	2	3
• Has it become harder for you to learn things?	0	1	2	3	3	and relationships?				
 Do you have a hard time remembering 	0	1	2	3	3	• Do you have difficulty falling into deep restful sleep?	0	1	2	3
your appointments?						 Do you have feeling of dependency on others? 	0	1	2	3
• Is your temperament getting worse in general?	0	1	2	3		 Do you feel more susceptible to pain? 	0	1		3
• Are you losing your attention span endurance?	0	1	2	3		 Do you have feelings of unprovoked anger? 	0	1		3
• Are you depressed more than usual?	0	1	2	3		• Are you losing interest in life?	0	1	2	3
• Do you fatigue sooner when driving than in the past?	0	1	2	3		SECTION 2 – DOPAMINE				
• Do you fatigue when reading sooner than in the past?	0	1	2			Do you have feelings of hopelessness?	0	1	2	3
 Do you walk into rooms and forget why? Do you walk into rooms and forget why? 	0	1	2 2	3		• Do you have self-destructive thoughts?	0	1	2	3
• Do you pick up your cell phone and forget why?	0	1	2	2	3	• Do you have an inability to handle stress?	0	1	2	3
SECTION B – GENERAL BRAIN FUNCTION/STRESS						 Do you have anger and aggression while 	0	1	2	3
• Is your stress level high?	0	1	2	3	3	under stress?				
 Do you always have something that must be done? 	0	1	2	3	3	 Do you feel you are not rested even after long 	0	1	2	3
 Do you feel you never have time for yourself? 	0	1	2	3	3	hours of sleep?				
• Do you feel you are not getting enough sleep or rest?	0	1	2	3	3	• Do you prefer to isolate yourself from others?	0	1	2	
• Do you get regular exercise?	0	1	2	3	3	 Do you have unexplained lack of concern for 	0	1	2	3
• Do you think people care about you?	0	1	2	3		family and friends?				
• Do you feel you are accomplishing your life purpose?	0	1	2	3		Are you distracted easily?	0	1		3
• Do you have someone to share your problems with?	0	1	2	3	3	• Do you have an inability to finish tasks?	0	1		3
SECTION C – SUGAR BALANCE						• Do you feel the need to consume caffeine to	0	1	2	3
						stay alert?	0	1	•	2
SECTION C1 – BLOOD SUGAR FLUCTUATION	0					• Do you feel your libido has been decreased?	0	1		3
• Do you get irritable, shaky, or have lightheadedness	0	1	2	3	3	Do you lose your temper for minor reasons?Do you have feeling of worthlessness?	0 0	1 1		3 3
between meals?	0	1	2	1	,	• Do you have reening of worthlessness?	U	1	2	3
Do you feel energized after eating?Do you have difficulty eating large meals in the morning?	0	1	2 2	3		<u>SECTION 3 – GABA</u>				
 Do you have difficulty eating large means in the morning? Does your energy level drop in the afternoon? 	0 0	1 1	2	(1) (1)		 Do you feel anxious or panic for no reason? 	0	1	2	3
 Do you crave sugar and sweets in the afternoon? 	0	1	2	3		 Do you have feelings of dread, or pending gloom? 		1		3
Do you erace sugar and sweets in the arctition?Do you wake up in the middle of the night?	0	1	2	3		 Do you feel knots in you stomach? 	0	1		3
• Do you wate up in the initiale of the high?	0	1	2	3		 Do you have feelings of being overwhelmed 	0	1	2	3
 Do you depend on coffee to keep yourself going? 	0	1	2	3		for no reason?				
 Do you depend on concercio keep yoursen going? Do you feel agitated, easily upset, and nervous 	0	1	2	3		• Do you have feelings of guilt about everyday decisions?				3
between meals?	U	1	-			• Does your mind feel restless?		1		3
						• Is it difficult to turn your mind off when you	0	1	2	3
SECTION C2 – INSULIN RESISTANCE						want to relax?	0	1	•	2
• Do you get fatigued after meals?		1				• Do you have disorganized attention?			2	
• Do you crave sugar and sweets after meals?	0	1	2			• Do you now worry about things you were not worried	U	1	2	3
• Do you feel you need stimulants such as coffee after meals?		1	2	3		about before?	0	1	2	2
• Do you have difficulty losing weight?	0	1	2	3		 Do you have feelings of inner tension and immer evoltability? 	0	1	2	3
• Is your waist girth equal to or larger than your hip girth?	0	1	2	3		inner excitability?				
Do you have frequent urination?Has your thirst and appetite been increased?	0	1	2	3		SECTION 4 - ACETYLCHOLINE				
 This your thirst and appende been increased? Do you still have sugar cravings after eating sweets? 	0	1	2			• Do you feel your visual memory (shapes & images)	0	1	2	3
Do you sun nave sugar cravings and cating sweets?Do you have weight gain when under stress?	0	1	2 2	3		is decreased?				
 Do you have weight gall when under stress? Do you have difficulty falling asleep? 	0	1	2	3 33		 Do you feel your verbal memory is decreased? 	0	1	2	3
Do you have unnearly faming asteep:	U	1	2		5	• Do you have memory lapses?	0	1		3
<u>SECTION 1 – SEROTONIN</u>						 Has your creativity been decreased? 	0	1		3
 Are you losing your pleasure in hobbies and interests? 	0	1	2	3	3	• Has your comprehension been diminished?	0	1	2	3
• Do you feel overwhelmed with ideas to manage?	0	1	2	3		• Do you have difficulty calculating numbers?	0	1		3
• Do you have feelings of inner rage (anger)?	0	1	2	3		• Do you have difficulty recognizing objects & faces?	0	1		3
• Do you have feelings of paranoia?	0	1	2	3		 Do you feel like your opinion about yourself 	0	1	2	3
 Do you have feelings of depression? 		~	~			1				
T 1.1 C 1111	0	1	2	3		is changed?	0	1	2	2
• In general, do you feel like you are not enjoying life?	0 0	1	2	3	3	 Are you experiencing excessive urination? 	0	1		3
In general, do you feel like you are not enjoying life?Do you feel you lack artistic appreciation?	0	-			3			1 1		3 3

Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition.

For nutritional purposes only.

Medication History

Please circle any of the following medication you have been or are currently taking.

Agonist Modulator of GABA Receptor (benzodiazpines)

Xanax, Lexotanil, Lexotan, Librium, Klonopin, Valium, ProSon, Rohypnol, Dalmane, Ativan, Loramet, Sedoxil, Dormicum, Megadon, Serax, Restoril, Halcion

Agonist Modulator of GABA Receptors (nonbenzodiazpines)

Ambien, Sonata, Lunesta, Imovane

GABA Antagonist Competitive binder

Flumazenil

D2 Dopamine Receptors Blockers (antipsychotics)

Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan, Depixol, Navane, luanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydis, Seroquel, Geodon, Solian, Invega, Abilify

Dopamine Receptors Agonists

Mirapex, Sifrol, Requip

Acetylcholine Receptor Agonists

Bethenacol, Carbachol, Cervimeline, Pilocarpine, Suberylcholine, Nicotine

Cholinesterase Inhibitors (reversible)

Donepezil, Galatamine, Rivastigmine, Tacrine, THC, Erophonium, Neostigmine, Phystigimine, Pyridostigmine, Carbamate Insecticidses

Cholinesterase Inhibitors (irreversible)

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

Acetylcholinesterase Reactivators

Pralidoxime

Acetylcholine Receptor Antagonist – Antimuscarinic Agents

Atropine, Ipratopium, Scopolamine, Tiotropium

Acetylcholine Receptor Antagonist - Ganlionic Blockers

Mecamylamine, Hexamethonium, Nicotine (high doses), Trimethaphan

Acetylcholine Receptor Antagonist - Neuromuscular Blockers

Atracurium, Cisatracurium, Doxacurium, Metocurine, Mivacurium, Pancuronium, Rocuronium, uccinylcholine, Tubocurarine, Vecuronium, Hemicholine

Selective Serotonin Reuptake Inhibitor

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

Selective Serotonin Reuptake Enhancers

Stablon, Coaxil, Tatinol

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despramine, Duloxetine

Noradrenergic and Specific Sertonergic Antidepressants (NaSSaa)

Remeron, Zispin, Avanza, Norset, Remergil, Axit

Tricylic Antidepresseants (TCAs)

Elavil, Endep, Tryptanol, Trepiline, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil, Norpramin, Pertofrane, Prothiadin, Thanden, Adapin, Sinequan, Trofranil, Janamine, Gamanil, Aventyl, Pamelor, Opipramol, Vivactil, Rhotrimine, Surmontil

Monoamine Oxidase Inhibitor (MAOI)

Marplan, Aurorix, Maneric, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid, Rivivol, Popilniazida, Zyvox, Zyvoxid

Dopamine Reuptake Inhibitors

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