

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)

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Remeron® | <input type="checkbox"/> Norset® |
| <input type="checkbox"/> Zispin® | <input type="checkbox"/> Remergil® |
| <input type="checkbox"/> Avanza® | <input type="checkbox"/> Axit® |

Tricyclic Antidepressants (TCAs)

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Elavil® | <input type="checkbox"/> Prothiaden® |
| <input type="checkbox"/> Endep® | <input type="checkbox"/> Adapin® |
| <input type="checkbox"/> Tryptanol® | <input type="checkbox"/> Sinequan® |
| <input type="checkbox"/> Trepiline® | <input type="checkbox"/> Tofranil® |
| <input type="checkbox"/> Asendin® | <input type="checkbox"/> Janamine® |
| <input type="checkbox"/> Asendis® | <input type="checkbox"/> Gamanil® |
| <input type="checkbox"/> Defanyl® | <input type="checkbox"/> Aventyl® |
| <input type="checkbox"/> Demolox® | <input type="checkbox"/> Pamelor® |
| <input type="checkbox"/> Moxadil® | <input type="checkbox"/> Opipramol® |
| <input type="checkbox"/> Anafranil® | <input type="checkbox"/> Vivactil® |
| <input type="checkbox"/> Norpramin® | <input type="checkbox"/> Rhotrimine® |
| <input type="checkbox"/> Pertofrane® | <input type="checkbox"/> Surmontil® |
| <input type="checkbox"/> Thaden™ | <input type="checkbox"/> Norpramin® |

Selective Serotonin Reuptake Inhibitors (SSRIs)

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Paxil® | <input type="checkbox"/> Seromex® |
| <input type="checkbox"/> Zoloft® | <input type="checkbox"/> Seronil® |
| <input type="checkbox"/> Prozac® | <input type="checkbox"/> Sarafem® |
| <input type="checkbox"/> Celexa® | <input type="checkbox"/> Fluctin® |
| <input type="checkbox"/> Lexapro® | <input type="checkbox"/> Faverin® |
| <input type="checkbox"/> Esertia® | <input type="checkbox"/> Seroxat® |
| <input type="checkbox"/> Luvox® | <input type="checkbox"/> Aropax® |
| <input type="checkbox"/> Cipramil® | <input type="checkbox"/> Deroxat® |
| <input type="checkbox"/> Emocal® | <input type="checkbox"/> Rexetin® |
| <input type="checkbox"/> Seropram® | <input type="checkbox"/> Paroxat® |
| <input type="checkbox"/> Cipralext® | <input type="checkbox"/> Lustral® |
| <input type="checkbox"/> Fontex® | <input type="checkbox"/> Serlain® |
| <input type="checkbox"/> Priligy® | <input type="checkbox"/> Viibryd® |

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Effexor® | <input type="checkbox"/> Serzone® |
| <input type="checkbox"/> Pristiq® | <input type="checkbox"/> Dalcipran® |
| <input type="checkbox"/> Meridia® | <input type="checkbox"/> Cymbalta® |

Serotonin multimodal (S-MM)

- ☐ Trintellix®

SARI's (Serotonin 2 Antagonist/ Reuptake Inhibitors)

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Desyrel® | <input type="checkbox"/> Dutonin® |
|-----------------------------------|-----------------------------------|

Monoamine Oxidase Inhibitors (MAOIs)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Marplan® | <input type="checkbox"/> Marsilid® |
| <input type="checkbox"/> Aurorix® | <input type="checkbox"/> Iprozid® |
| <input type="checkbox"/> Manerix® | <input type="checkbox"/> Ipronid® |
| <input type="checkbox"/> Moclodura® | <input type="checkbox"/> Rivivol® |
| <input type="checkbox"/> Nardil® | <input type="checkbox"/> Propilniazida® |
| <input type="checkbox"/> Adeline® | <input type="checkbox"/> Zyvox® |
| <input type="checkbox"/> Eldepryl® | <input type="checkbox"/> Zyvoxid® |
| <input type="checkbox"/> Azilect® | |

Dopamine Receptor Agonists

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Mirapex® | <input type="checkbox"/> Sifrol® |
| <input type="checkbox"/> Requip® | |

Norepinephrine–Dopamine Reuptake Inhibitors (NDRIs)

- ☐ Wellbutrin XL®

D2 Dopamine Receptor Blockers (antipsychotics)

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Thorazine® | <input type="checkbox"/> Haldol® |
| <input type="checkbox"/> Prolixin® | <input type="checkbox"/> Orap® |
| <input type="checkbox"/> Trilafon® | <input type="checkbox"/> Clozaril® |
| <input type="checkbox"/> Compazine® | <input type="checkbox"/> Zyprexa® |
| <input type="checkbox"/> Mellaril® | <input type="checkbox"/> Zydis® |
| <input type="checkbox"/> Stelazine® | <input type="checkbox"/> Seroquel XR® |
| <input type="checkbox"/> Vesprin® | <input type="checkbox"/> Geodon® |
| <input type="checkbox"/> Nozinan® | <input type="checkbox"/> Solian® |
| <input type="checkbox"/> Depixol® | <input type="checkbox"/> Invega® |
| <input type="checkbox"/> Navane® | <input type="checkbox"/> Abilify® |
| <input type="checkbox"/> Fluanxol® | <input type="checkbox"/> Risperdal® |
| <input type="checkbox"/> Clopixol® | <input type="checkbox"/> Vraylar® |
| <input type="checkbox"/> Acuphase® | <input type="checkbox"/> Latuda® |

GABA Antagonist Competitive Binder

- ☐ Romazicon®

Agonist Modulators of GABA Receptors (benzodiazepines)

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Xanax® | <input type="checkbox"/> Dalmane® |
| <input type="checkbox"/> Lexotanil® | <input type="checkbox"/> Ativan® |
| <input type="checkbox"/> Lexotan® | <input type="checkbox"/> Loramet® |
| <input type="checkbox"/> Librium® | <input type="checkbox"/> Sedoxil® |
| <input type="checkbox"/> Klonopin® | <input type="checkbox"/> Dormicum® |
| <input type="checkbox"/> Valium® | <input type="checkbox"/> Serax® |
| <input type="checkbox"/> Prosom® | <input type="checkbox"/> Restoril® |
| <input type="checkbox"/> Rohypnol® | <input type="checkbox"/> Halcion® |
| <input type="checkbox"/> Magadon® | |

Agonist Modulators of GABA Receptors (non-benzodiazepines)

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ambien CR® | <input type="checkbox"/> Lunesta® |
| <input type="checkbox"/> Sonata® | <input type="checkbox"/> Imovane® |

Acetylcholine Receptor Agonists

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Urecholine® | <input type="checkbox"/> Isopto® |
| <input type="checkbox"/> Evoxac® | <input type="checkbox"/> Nicotone |
| <input type="checkbox"/> Salagen® | |

Acetylcholine Receptor Antagonists (antimuscarinic agents)

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> AtroPen® | <input type="checkbox"/> Atrovent® |
| <input type="checkbox"/> Scopace® | <input type="checkbox"/> Spiriva® |

Acetylcholine Receptor Antagonists (ganglionic blockers)

- | | |
|--|--|
| <input type="checkbox"/> Inversine® | <input type="checkbox"/> Hexamethonium |
| <input type="checkbox"/> Nicotine (high doses) | <input type="checkbox"/> Arfonad® |

Acetylcholine Receptor Antagonists (neuromuscular blockers)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Tracrium® | <input type="checkbox"/> Zemuron® |
| <input type="checkbox"/> Nimbex® | <input type="checkbox"/> Anectine® |
| <input type="checkbox"/> Nuromax® | <input type="checkbox"/> Tubocurarine® |
| <input type="checkbox"/> Metubine® | <input type="checkbox"/> Norcuron® |
| <input type="checkbox"/> Mivacron® | <input type="checkbox"/> Hemicholinium-3® |
| <input type="checkbox"/> Pavulon® | |

Acetylcholinesterase Reactivators

- ☐ Protopam®

Cholinesterase Inhibitors (reversible)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Aricept® | <input type="checkbox"/> Enlon® |
| <input type="checkbox"/> Razadyne® | <input type="checkbox"/> Prostigmin® |
| <input type="checkbox"/> Exelon® | <input type="checkbox"/> Antilirium® |
| <input type="checkbox"/> Cognex® | <input type="checkbox"/> Mestinon® |
| <input type="checkbox"/> THC | |
| <input type="checkbox"/> Carbamate insecticides | |

Cholinesterase Inhibitors (irreversible)

- | |
|--|
| <input type="checkbox"/> Echothiophate |
| <input type="checkbox"/> Isoflurophate |
| <input type="checkbox"/> Organophosphate insecticides |
| <input type="checkbox"/> Organophosphate-containing nerve agents |

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