



# Neurotransmitter Questionnaire

Full Name

Date

Please check 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 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

- 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

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**Section 2 - D (cont'd)**

How often do you feel your libido has been decreased?

How often do you lose your temper for minor reasons?

How often do you have feelings of worthlessness? . . .

**Section 3 - G**

How often do you feel anxious or panic for no reason?

How often do you have feelings of dread or impending doom? . . . . .

How often do you feel knots in your stomach? . . . . .

How often do you have feelings of being overwhelmed for no reason? . . . . .

How often do you have feelings of guilt about everyday decisions? . . . . .

How often does your mind feel restless? . . . . .

How difficult is it to turn your mind off when you want to relax? . . . . .

How often do you have disorganized attention? . . . . .

**Section 3 - G (cont'd)**

How often do you worry about things you were not worried about before? . . . . .

How often do you have feelings of inner tension and inner excitability? . . . . .

**Section 4 - ACH**

Do you feel your visual memory (shapes & images) is decreased? . . . . .

Do you feel your verbal memory is decreased? . . . . .

Do you have memory lapses? . . . . .

Has your creativity been decreased? . . . . .

Has your comprehension been diminished? . . . . .

Do you have difficulty calculating numbers? . . . . .

Do you have difficulty recognizing objects & faces? . . . . .

Do you feel like your opinion about yourself has changed? . . . . .

Are you experiencing excessive urination? . . . . .

Are you experiencing slower mental response? . . . . .

## Medication History:

If you have been or are currently taking any of the following medications, please Print this Form and circle the medications.

**Acetylcholine Receptor Antagonist - Antimuscarinic Agents:** Atropine, Ipratropium, Scopolamine, Tiotropium

**Acetylcholine Receptor Antagonist - Ganlionic Blockers:** Mecamylamine, Hexamethonium, Nicotine (high doses), Trimethaphan

**Acetylcholinesterase Reactivators:** Pralidoxime

**Acetylcholine Receptor Antagonist - Neuromuscular Blockers:** Atracurium, Cisatracurium, Doxacurium, Metocurine, Mivacurium, Pancuronium, Rocuronium, Uccinylcholine, Tubocurarine, Vecuronium, Hemicholine

**Agonist Modulator of GAB A 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, Liinesta, Imovane

**Cholinesterase Inhibitors (Irreversible):** Echotiophate, Isoflurophate, Organophosphate Insecticides, Organophosphate-containing nerve agents

**Cholinesterase Inhibitors (Reversible):** Donepezil, Galatamine, Rivastigmine, Tacrine, THC, Erophonium, Neostigmine, Phystigimine, Pyridostigmine, Carbamate Insecticides

**Dopamine Reuptake Inhibitors:** Wellbutrin (Bupropion)

**Dopamine Receptor Agonists:** Mirapex, Sifrol, Requip

**D2 Dopamine Receptor Blockers (Antipsychotics):** Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan, Depixol, Navane, Iuanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydys, Seroquel, Geodon, Solian, Invega, Abilify

**GABA Antagonist Competitive Binder:** Flumazenil

**Monoamine Oxidase Inhibitor (MAOI):** Marplan, Aurorix, Maneric, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid, Rivivol, Popilniazida, Zyvox, Zyvoxid

**Noradrenergic and Specific Sertonegic Antidepressants (NaSSaa):** Remeron, Zispin, Avanza, Norset, Remergil, Axit

**Selective Serotonin Reuptake Inhibitor:** Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Serpam, Seropram, Cipralext, 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

**Tricyclic Antidepressants (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