Health Questionnaire (NTAF)

Name:			A	ge:	Sex: Date:				
* Please circle the appropriate number "0 - 3" on all questi	ions	bel		_					
SECTION A					How often do you feel you lack artistic appreciation?	0	1	2	3
• Is your memory noticeably declining?	0	1	2	3	How often do you feel depressed in overcast weather?	0	1		3
Are you having a hard time remembering names			_	_	How much are you losing your enthusiasm for your	•	•	-	
and phone numbers?	0	1	2	3	favorite activities?	0	1	2	3
Is your ability to focus noticeably declining? Has it become bonder for your to learn things?	0	1	2	3	How much are you losing enjoyment for				
Has it become harder for you to learn things? Have often do you have a hard time remembering.	0	1	2	3	your favorite foods?	0	1	2	3
How often do you have a hard time remembering your appointments?	Λ	1	2	2	How much are you losing your enjoyment of				
your appointments? • Is your temperament getting worse in general?	O O	1	2	3	friendships and relationships?	0	1	2	3
 Are you losing your attention span endurance? 	0	1	2	3	How often do you have difficulty falling into				
How often do you find yourself down or sad?	0	1	2	3	deep restful sleep?	0	1	2	3
How often do you fatigue when driving compared	U	1	4	3	 How often do you have feelings of dependency 				
to the past?	0	1	2	3	on others?	0	1	2	3
How often do you fatigue when reading compared	U	1	_	3	 How often do you feel more susceptible to pain? 	0	1		3
to the past?	0	1	2	3	 How often do you have feelings of unprovoked anger? 	0	1		3
How often do you walk into rooms and forget why?	0	1	2	3	 How much are you losing interest in life? 	0	1	2	3
How often do you pick up your cell phone and forget why?	0	1	2						
Tion often do you pron up your con phone and forget why	v	•	_	J	SECTION 2 - D				
SECTION B					 How often do you have feelings of hopelessness? 	0		2	
How high is your stress level?	0	1	2	3	 How often do you have self-destructive thoughts? 	0	1		3
How often do you feel that you have something that	-	_		-	 How often do you have an inability to handle stress? 	0	1	2	3
must be done?	0	1	2	3	How often do you have anger and aggression while			_	
 Do you feel you never have time for yourself? 	0	1	2	3	under stress?	0	1	2	3
How often do you feel you are not getting enough					How often do you feel you are not rested even after			•	_
sleep or rest?	0	1	2	3	long hours of sleep?	0	1		3
• Do you find it difficult to get regular exercise?	0	1	2	3	How often do you prefer to isolate yourself from others?	0	1	2	3
 Do you feel uncared for by the people in your life? 	0	1	2	3	How often do you have unexplained lack of concern for	Λ	1	2	2
 Do you feel you are not accomplishing your 					family and friends?	0	1		3
life's purpose?	0	1	2	3	How easily are you distracted from your tasks? How after the year base are including to faith tools?	0	1		3
• Is sharing your problems with someone difficult for you?	0	1	2	3	How often do you have an inability to finish tasks? How often do you feel the model to consume deficing to	U	1	4	3
					How often do you feel the need to consume caffeine to stay alert?	0	1	2	3
SECTION C					How often do you feel your libido has been decreased?	0	1		3
					How often do you lose your temper for minor reasons?	0	1		3
SECTION C1					How often do you lose your temper for filmor reasons? How often do you have feelings of worthlessness?	0	1		3
How often do you get irritable, shaky, or have					Trow often do you have reenings of worthnessness:	v	•	_	
lightheadedness between meals?	0	1	2	3	SECTION 3 - G				
How often do you feel energized after eating?	0	1	2	3	How often do you feel anxious or panic for no reason?	0	1	2	3
How often do you have difficulty eating large			•	•	How often do you have feelings of dread or	_			_
meals in the morning?	0	1	2	3	impending doom?	0	1	2	3
• How often does your energy level drop in the afternoon?	0	1	2	3	How often do you feel knots in your stomach?		1	2	
• How often do you crave sugar and sweets in the afternoon?	0	1	2	3	How often do you have feelings of being overwhelmed				
How often do you wake up in the middle of the night? How often do you have difficulty concentrating.	0	1	2	3	for no reason?	0	1	2	3
 How often do you have difficulty concentrating before eating? 			•	•	How often do you have feelings of guilt about				
 How often do you depend on coffee to keep yourself going? 	0	1	2 2	3	everyday decisions?	0	1	2	3
How often do you depend on confect to keep yourself going? How often do you feel agitated, easily upset, and nervous	0	1	2	3	 How often does your mind feel restless? 	0	1	2	3
between meals?	0	1	2	3	How difficult is it to turn your mind off when you				
octween means.	U	1	4	3	want to relax?	0	1	2	3
SECTION C2					 How often do you have disorganized attention? 	0	1	2	I 3
• Do you get fatigued after meals?	Λ	1	2	2	 How often do you worry about things you were 				
• Do you crave sugar and sweets after meals?	0	1 1	2	3	not worried about before?	0	1	2	3
• Do you feel you need stimulants such as coffee after meals?	0	1	2	3	 How often do you have feelings of inner tension and 				
• Do you have difficulty losing weight?	0	1	2	3	inner excitability?	0	1	2	3
How much larger is your waist girth compared to	U	1	4	3					
your hip girth?	0	1	2	3	SECTION 4 - ACH				
How often do you urinate?	0	1	2	3	 Do you feel your visual memory (shapes & images) 				
• Have your thirst and appetite been increased?	0	1	2	3	is decreased?	0	1		3
• Do you have weight gain when under stress?	0	1		3	 Do you feel your verbal memory is decreased? 	0	1		3
• Do you have difficulty falling asleep?	0	1	2	3	• Do you have memory lapses?	0	1	2	
, , , , ,	U	•	_	3	Has your creativity been decreased?	0	1		3
SECTION 1 - S					Has your comprehension been diminished?	0	1		3
• Are you losing your pleasure in hobbies and interests?	0	1	2	3	• Do you have difficulty calculating numbers?	0	1		3
• How often do you feel overwhelmed with ideas to manage?	0	1		3	Do you have difficulty recognizing objects & faces?	0	1	2	3
• How often do you have feelings of inner rage (anger)?	0	1		3	Do you feel like your opinion about yourself	^		_	_
 How often do you have feelings of paranoia? 	0	1	2	3	has changed?	U	1	2	
 How often do you feel sad or down for no reason? 	0	1	2	3	Are you experiencing excessive urination? Are you experiencing slavyer mental response?	0	1 1		3
 How often do you feel like you are not enjoying life? 	0	1	2		 Are you experiencing slower mental response? 	v	1	4	3

Medication History

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

Acetylcholine Receptor Antagonist - Antimuscarinic Agents

Atropine, Ipratopium, 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 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

Cholinesterase Inhibitors (irreversible)

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

Cholinesterase Inhibitors (reversible)

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

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, luanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydis, 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 Sertonergic Antidepressants (NaSSaa)

Remeron, Zispin, Avanza, Norset, Remergil, Axit

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

Tricylic Antidepresseants (TCAs)

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

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