

# 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)

Echothiophate,  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®,  Depixel®,  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®,  Ipronid®,  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®,  Rextetin®,  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®,  Gamamil®,  Aventyl®,  Pamelor®,  Opipramol®,  Vivactil®,  Rhotrimine®,  Surmontil®

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