

Patient 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
- 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
- Are you feeling down or sad more than usual? 0 1 2 3
- Do you fatigue sooner when driving than in the past? 0 1 2 3
- Do you fatigue when reading sooner than in the past? 0 1 2 3
- Do you walk into rooms and forget why? 0 1 2 3
- Do you pick up your cell phone and forget why? 0 1 2 3

SECTION B

- Is your stress level high? 0 1 2 3
- Do you always have something that must be done? 0 1 2 3
- Do you feel you never have time for yourself? 0 1 2 3
- Do you feel you are not getting enough sleep or rest? 0 1 2 3
- Are you finding time to get regular exercise? 0 1 2 3
- Do you feel cared about by the people in your life? 0 1 2 3
- Do you feel you are accomplishing your life purpose? 0 1 2 3
- Are their people in your life to share your problems with available to you on a daily basis? 0 1 2 3

SECTION C

SECTION C1

- Do you get irritable, shaky, or have lightheadedness between meals? 0 1 2 3
- Do you feel energized after eating? 0 1 2 3
- Do you have difficulty eating large meals in the morning? 0 1 2 3
- Does your energy level drop in the afternoon? 0 1 2 3
- Do you crave sugar and sweets in the afternoon? 0 1 2 3
- Do you wake up in the middle of the night? 0 1 2 3
- Do you have difficulty concentrating before eating? 0 1 2 3
- Do you depend on coffee to keep yourself going? 0 1 2 3
- 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
- Is your waist girth equal to or larger than your hip girth? 0 1 2 3
- Do you have frequent urination? 0 1 2 3
- Has your thirst and appetite been increased? 0 1 2 3
- Do you still have sugar cravings after eating sweets? 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

- Are you losing your pleasure in hobbies and interests? 0 1 2 3
- Do you feel overwhelmed with ideas to manage? 0 1 2 3
- Do you have feelings of inner rage (anger)? 0 1 2 3
- Do you have feelings of paranoia? 0 1 2 3
- Do you feel sad or down for no reason? 0 1 2 3
- In general, do you feel like you are not enjoying life? 0 1 2 3

- Do you feel you lack artistic appreciation? 0 1 2 3
- Do you feel depressed in overcast weather? 0 1 2 3
- Are you losing your enthusiasm for your favorite activities? 0 1 2 3
- Are you losing enjoyment for your favorite foods? 0 1 2 3
- Are you losing your enjoyment of friendships and relationships? 0 1 2 3
- Do you have difficulty falling into deep restful sleep? 0 1 2 3
- Do you have feeling of dependency on others? 0 1 2 3
- Do you feel more susceptible to pain? 0 1 2 3
- Do you have feelings of unprovoked anger? 0 1 2 3
- Are you losing interest in life? 0 1 2 3

SECTION 2

- Do you have feelings of hopelessness? 0 1 2 3
- Do you have self-destructive thoughts? 0 1 2 3
- Do you have an inability to handle stress? 0 1 2 3
- Do you have anger and aggression while under stress? 0 1 2 3
- Do you feel you are not rested even after long hours of sleep? 0 1 2 3
- Do you prefer to isolate yourself from others? 0 1 2 3
- Do you have unexplained lack of concern for family and friends? 0 1 2 3
- Are you distracted easily? 0 1 2 3
- Do you have an inability to finish tasks? 0 1 2 3
- Do you feel the need to consume caffeine to stay alert? 0 1 2 3
- Do you feel your libido has been decreased? 0 1 2 3
- Do you lose your temper for minor reasons? 0 1 2 3
- Do you have feeling of worthlessness? 0 1 2 3

SECTION 3

- Do you feel anxious or panic for no reason? 0 1 2 3
- Do you have feelings of dread, or pending gloom? 0 1 2 3
- Do you feel knots in you stomach? 0 1 2 3
- Do you have feelings of being overwhelmed for no reason? 0 1 2 3
- Do you have feelings of guilt about everyday decisions? 0 1 2 3
- Does your mind feel restless? 0 1 2 3
- Is it difficult to turn your mind off when you want to relax? 0 1 2 3
- Do you have disorganized attention? 0 1 2 3
- Do you now worry about things you were not worried about before? 0 1 2 3
- Do you have feelings of inner tension and inner excitability? 0 1 2 3

SECTION 4

- 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 is changed? 0 1 2 3
- Are you experiencing excessive urination? 0 1 2 3
- Are you experiencing slower mental response? 0 1 2 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.

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, Hemicholine

Agonist Modulator of GABA Receptor (benzodiazepines)

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

Agonist Modulator of GABA Receptors (nonbenzodiazepines)

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 Insecticides

Dopamine Reuptake Inhibitors

Wellbutrin (Bupropion)

Dopamine Receptors Agonists

Mirapex, Sifrol, Requip

D2 Dopamine Receptors Blockers (antipsychotics)

Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan, Depixol, Navane, Iuanxol, 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 Serotonergic Antidepressants (NaSSa)

Remeron, Zispin, Avanza, Norset, Remergil, Axit

Selective Serotonin Reuptake Inhibitor

Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Serpam, Seropram, Ciprallex, 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