

Brain and Neurotransmitter Assessment Scorecard

Name					
<p>Based upon your health profile for the past 30 days, please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Check the number you feel best applies, then add the number of checks in each column to create your score.</p>					
<p>Point Scale:</p> <p>0 = Never or almost never have the experience/effect.</p> <p>1 = Mild experiences/effects</p> <p>2 = Moderate experiences/effects</p> <p>3 = Severe/chronic experiences/effects</p> <p>For all yes/no questions, 0 = no and 3 = yes</p>					
General Brain Function Symptom Question		0	1	2	3
Is your memory noticeably declining?					
Are you having a hard time remembering names and phone numbers?					
Is your ability to focus noticeably declining?					
Has it become harder for you to learn things?					
Do you have a hard time remembering your appointments?					
Is your temperament getting worse in general?					
Is your attention span getting shorter?					
Are you depressed more than usual?					
When driving, do you fatigue more quickly than you used to?					
Does reading cause you to fatigue more quickly than in the past?					
Do you walk into rooms and forget why?					
Do you pick up your cell phone and forget why?					
Total for Each Column (number of checkmarks x value)					
Subtotal /36					
Serotonin Symptom Question		0	1	2	3
Are you losing your pleasure in hobbies and interests?					
Do you feel overwhelmed with ideas to manage?					
Do you have feelings of inner rage (anger)?					
Do you have feelings of paranoia?					



Do you have feelings of depression?			
In general, do you feel like you are not enjoying life?			
Do you feel you lack artistic appreciation?			
Do you feel depressed in overcast weather?			
Are you losing your enthusiasm for your favorite activities?			
Are you losing enjoyment for your favorite foods?			
Are you losing your enjoyment of friendships and relationships?			
Do you have difficulty falling into deep restful sleep?			
Do you have feelings of dependency on others?			
Do you feel more susceptible to pain?			
Do you have feelings of unprovoked anger?			
Are you losing interest in life?			
Do you experience winter blues?			
Do you experience negativity?			
Do you have low self-esteem?			
Do you tend to worry?			
Do you experience anxiety?			
Do you experience a lot of guilt?			
Do you have obsessive thoughts or behaviors?			
Are you perfectionistic?			
Do you have panic attacks?			
Do you experience phobias?			
Are you prone to suicidal thoughts?			
Do you get afternoon or evening cravings?			
Have you been diagnosed with fibromyalgia?			
Do you dislike hot weather?			
Are you a night owl?			
Do you feel symptom relief when you consume sweets?			
Do you feel symptom relief when you consume starch?			
Do you feel symptom relief when you consume tobacco?			
Do you feel symptom relief when you consume chocolate?			
Do you feel symptom relief when you consume alcohol?			
Do you feel symptom relief when you consume marijuana?			
Do you feel symptom relief when you consume Ecstasy?			
Do you feel symptom relief when you consume Prozac?			
Do you feel symptom relief when you consume Paxil?			



Do you feel symptom relief when you consume Effexor?				
Do you feel symptom relief when you consume Celexa?				
Total for Each Column (number of checkmarks x value)				
Subtotal /126				
Dopamine Symptom Question	0	1	2	3
Do you have feelings of hopelessness?				
Do you have self-destructive thoughts?				
Do you have an inability to handle stress?				
Do you have anger and aggression while under stress?				
Do you feel you are not rested even after long hours of sleep?				
Do you prefer to isolate yourself from others?				
Do you have unexplained lack of concern for family and friends?				
Are you distracted easily?				
Do you have an inability to finish tasks?				
Do you feel the need to consume caffeine to stay alert?				
Do you feel your libido has been decreased?				
Do you lose your temper for minor reasons?				
Do you have feelings of worthlessness?				
Have you lost your motivation and drive?				
Do you have low energy?				
Are you easily bored?				
Do you lack focus and concentration?				
Do you have ADD?				
Do you feel symptom relief when you consume sweets?				
Do you feel symptom relief when you consume starch?				
Do you feel symptom relief when you consume tobacco?				
Do you feel symptom relief when you consume chocolate?				
Do you feel symptom relief when you consume alcohol?				
Do you feel symptom relief when you consume marijuana?				
Do you feel symptom relief when you consume Ecstasy?				
Do you feel symptom relief when you consume Prozac?				
Do you feel symptom relief when you consume Paxil?				
Do you feel symptom relief when you consume Effexor?				
Do you feel symptom relief when you consume Celexa?				
Total for Each Column (number of checkmarks x value)				



Subtotal /87	0	1	2	3
GABA Symptom Question				
Do you feel anxious or panic for no reason?				
Do you have feelings of dread, or pending gloom?				
Do you feel knots in your stomach?				
Do you have feelings of being overwhelmed for no reason?				
Do you have feelings of guilt about everyday decisions?				
Does your mind feel restless?				
Is it difficult to turn your mind off when you want to relax?				
Do you have disorganized attention?				
Do you now worry about things you were not worried about before?				
Do you have feelings of inner tension and inner excitability?				
Do you have stiff and tense muscles?				
Do you feel stressed or burned out?				
Do you get easily overwhelmed?				
Do you feel symptom relief when you consume sweets?				
Do you feel symptom relief when you consume starch?				
Do you feel symptom relief when you consume tobacco?				
Do you feel symptom relief when you consume chocolate?				
Do you feel symptom relief when you consume alcohol?				
Do you feel symptom relief when you consume marijuana?				
Do you feel symptom relief when you consume Ecstasy?				
Do you feel symptom relief when you consume Prozac?				
Do you feel symptom relief when you consume Paxil?				
Do you feel symptom relief when you consume Effexor?				
Do you feel symptom relief when you consume Celexa?				
Total for Each Column (number of checkmarks x value)				
Subtotal /72				
Acetylcholine Symptom Question	0	1	2	3
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 is changed?				
Are you experiencing excessive urination?				
Are you experiencing slower mental response?				
Total for Each Column (number of checkmarks x value)				
Subtotal /30				
Grand Total /351				

0-10% - Neurotransmitters within the green zone are generally fairly balanced and need continued sound nutrition and healthy lifestyle habits to maintain balance.

11-20% - Neurotransmitters in the blue zone are in need of a tune up to bring them into balance to avoid serious alterations in brain chemistry, mood and behavior. You can often shift these symptoms through general diet and lifestyle improvements.

21-35% - Neurotransmitters in the yellow zone are warning you that things are out of balance and need attention.

36-50% - Neurotransmitters that score in the orange zone are compromised and likely to significantly affect your state of mood, well-being, and energy level.

51-100% - Neurotransmitters with scores in the red zone may be severely compromised and require immediate attention. These imbalances are most likely causing you to feel out of balance, sluggish, and challenged in your day to day life. These areas need to be addressed first.