



Neurotransmitter Assessment

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). Circle the number you feel best applies, then add the numbers to create your score.

POINT SCALE:

0 = NEVER (also: least, no, never tried/experienced)

1 = MILD (also: occasionally; symptom occurs rarely - i.e. a couple of times a month at most)

2 = MODERATE (also: some severity/intensity, and/or frequency, often; symptom occurs weekly)

3 = SEVERE/ABSOLUTE (also: frequent, intense, most, always, yes)

For all yes/no questions, 0=no and 3=yes

Neurotransmitter Assessment

Section I - GENERAL BRAIN FUNCTION

1. **0 1 2 3** Is your memory noticeably declining?
2. **0 1 2 3** Are you having a hard time remembering names and phone numbers?
3. **0 1 2 3** Is your ability to focus noticeably declining?
4. **0 1 2 3** Has it become harder for you to learn things?
5. **0 1 2 3** Do you have a hard time remembering your appointments?
6. **0 1 2 3** Is your temperament getting worse in general?
7. **0 1 2 3** Is your attention span getting shorter?
8. **0 1 2 3** Are you depressed more than usual?
9. **0 1 2 3** When driving, do you fatigue more quickly than you used to?
10. **0 1 2 3** Does reading cause you to fatigue more quickly than in the past?
11. **0 1 2 3** Do you walk into rooms and forget why?
12. **0 1 2 3** Do you pick up your cell phone and forget why?

TOTAL: _____/36



Section II - SEROTONIN

1. **0 1 2 3** Are you losing your pleasure in hobbies and interests?
2. **0 1 2 3** Do you feel overwhelmed with ideas to manage?
3. **0 1 2 3** Do you have feelings of inner rage (anger)?
4. **0 1 2 3** Do you have feelings of paranoia?
5. **0 1 2 3** Do you have feelings of depression?
6. **0 1 2 3** In general, do you feel like you are not enjoying life?
7. **0 1 2 3** Do you feel you lack artistic appreciation?
8. **0 1 2 3** Do you feel depressed in overcast weather?
9. **0 1 2 3** Are you losing your enthusiasm for your favorite activities?
10. **0 1 2 3** Are you losing enjoyment for your favorite foods?
11. **0 1 2 3** Are you losing your enjoyment of friendships and relationships?
12. **0 1 2 3** Do you have difficulty falling into deep restful sleep?
13. **0 1 2 3** Do you have feelings of dependency on others?
14. **0 1 2 3** Do you feel more susceptible to pain?
15. **0 1 2 3** Do you have feelings of unprovoked anger?
16. **0 1 2 3** Are you losing interest in life?
17. **0 1 2 3** Do you experience winter blues?
18. **0 1 2 3** Do you experience negativity?
19. **0 1 2 3** Do you have low self-esteem?
20. **0 1 2 3** Do you tend to worry?
21. **0 1 2 3** Do you experience anxiety?
22. **0 1 2 3** Do you experience a lot of guilt?
23. **0 1 2 3** Do you have obsessive thoughts or behaviors?
24. **0 1 2 3** Are you perfectionistic?
25. **0 1 2 3** Do you have panic attacks?
26. **0 1 2 3** Do you experience phobias?
27. **0 1 2 3** Are you prone to suicidal thoughts?
28. **0 1 2 3** Do you get afternoon or evening cravings?
29. **0 1 2 3** Have you been diagnosed with fibromyalgia?
30. **0 1 2 3** Do you dislike hot weather?
31. **0 1 2 3** Are you a night owl?
32. **0 1 2 3** Do you feel symptom relief when you consume sweets
33. **0 1 2 3** Do you feel symptom relief when you consume starch
34. **0 1 2 3** Do you feel symptom relief when you consume tobacco
35. **0 1 2 3** Do you feel symptom relief when you consume chocolate
36. **0 1 2 3** Do you feel symptom relief when you consume alcohol
37. **0 1 2 3** Do you feel symptom relief when you consume marijuana
38. **0 1 2 3** Do you feel symptom relief when you consume Ecstasy



- 39. **0 1 2 3** Do you feel symptom relief when you consume Prozac
- 40. **0 1 2 3** Do you feel symptom relief when you consume Paxil
- 41. **0 1 2 3** Do you feel symptom relief when you consume Effexor
- 42. **0 1 2 3** Do you feel symptom relief when you consume Celexa

TOTAL: _____/126

Section III - DOPAMINE

- 1. **0 1 2 3** Do you have feelings of hopelessness?
- 2. **0 1 2 3** Do you have self-destructive thoughts?
- 3. **0 1 2 3** Do you have an inability to handle stress?
- 4. **0 1 2 3** Do you have anger and aggression while under stress?
- 5. **0 1 2 3** Do you feel you are not rested even after long hours of sleep?
- 6. **0 1 2 3** Do you prefer to isolate yourself from others?
- 7. **0 1 2 3** Do you have unexplained lack of concern for family and friends?
- 8. **0 1 2 3** Are you distracted easily?
- 9. **0 1 2 3** Do you have an inability to finish tasks?
- 10. **0 1 2 3** Do you feel the need to consume caffeine to stay alert?
- 11. **0 1 2 3** Do you feel your libido has been decreased?
- 12. **0 1 2 3** Do you lose your temper for minor reasons?
- 13. **0 1 2 3** Do you have feelings of worthlessness?
- 14. **0 1 2 3** Have you lost your motivation and drive?
- 15. **0 1 2 3** Do you have low energy?
- 16. **0 1 2 3** Are you easily bored?
- 17. **0 1 2 3** Do you lack focus and concentration?
- 18. **0 1 2 3** Do you have ADD?
- 19. **0 1 2 3** Do you feel symptom relief when you consume sweets
- 20. **0 1 2 3** Do you feel symptom relief when you consume starch
- 21. **0 1 2 3** Do you feel symptom relief when you consume tobacco
- 22. **0 1 2 3** Do you feel symptom relief when you consume chocolate
- 23. **0 1 2 3** Do you feel symptom relief when you consume alcohol
- 24. **0 1 2 3** Do you feel symptom relief when you consume marijuana
- 25. **0 1 2 3** Do you feel symptom relief when you consume Ecstasy
- 26. **0 1 2 3** Do you feel symptom relief when you consume Prozac
- 27. **0 1 2 3** Do you feel symptom relief when you consume Paxil
- 28. **0 1 2 3** Do you feel symptom relief when you consume Effexor
- 29. **0 1 2 3** Do you feel symptom relief when you consume Celexa

TOTAL: _____/87



Section IV - GABA

1. **0 1 2 3** Do you feel anxious or panic for no reason?
2. **0 1 2 3** Do you have feelings of dread, or pending gloom?
3. **0 1 2 3** Do you feel knots in your stomach?
4. **0 1 2 3** Do you have feelings of being overwhelmed for no reason?
5. **0 1 2 3** Do you have feelings of guilt about everyday decisions?
6. **0 1 2 3** Does your mind feel restless?
7. **0 1 2 3** Is it difficult to turn your mind off when you want to relax?
8. **0 1 2 3** Do you have disorganized attention?
9. **0 1 2 3** Do you now worry about things you were not worried about before?
10. **0 1 2 3** Do you have feelings of inner tension and inner excitability?
11. **0 1 2 3** Do you have stiff and tense muscles?
12. **0 1 2 3** Do you feel stressed or burned out?
13. **0 1 2 3** Do you get easily overwhelmed?
14. **0 1 2 3** Do you feel symptom relief when you consume sweets
15. **0 1 2 3** Do you feel symptom relief when you consume starch
16. **0 1 2 3** Do you feel symptom relief when you consume tobacco
17. **0 1 2 3** Do you feel symptom relief when you consume chocolate
18. **0 1 2 3** Do you feel symptom relief when you consume alcohol
19. **0 1 2 3** Do you feel symptom relief when you consume marijuana
20. **0 1 2 3** Do you feel symptom relief when you consume Ecstasy
21. **0 1 2 3** Do you feel symptom relief when you consume Prozac
22. **0 1 2 3** Do you feel symptom relief when you consume Paxil
23. **0 1 2 3** Do you feel symptom relief when you consume Effexor
24. **0 1 2 3** Do you feel symptom relief when you consume Celexa

TOTAL: _____/72





Section V - ACETYLCHOLINE


1. **0 1 2 3** Do you feel your visual memory (shapes and images) is decreased?
2. **0 1 2 3** Do you feel your verbal memory is decreased?
3. **0 1 2 3** Do you have memory lapses?
4. **0 1 2 3** Has your creativity been decreased?
5. **0 1 2 3** Has your comprehension been diminished?
6. **0 1 2 3** Do you have difficulty calculating numbers?
7. **0 1 2 3** Do you have difficulty recognizing objects & faces?
8. **0 1 2 3** Do you feel like your opinion about yourself is changed?
9. **0 1 2 3** Are you experiencing excessive urination?
10. **0 1 2 3** Are you experiencing slower mental response?


TOTAL: _____/30


GRAND TOTAL: _____/351 = _____ X100 = _____%

 0-10% - Overall good brain chemistry. Sound nutrition and healthy habits will maintain good balance.

 11-20% - In need of a tune up to restore brain chemistry before serious illness sets in. Diet and lifestyle improvements should shift your chemistry to normal.

 21-35% - Your brain chemistry is out of balance and needs attention.

 36-50% - Your brain chemistry is very compromised and likely to significantly affect your state of health, well-being and energy level.

 51-100% - Your brain chemistry is severely compromised and requires immediate attention.