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 an 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 tibuto 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 feel your stomach is being overwhelmed for no reason? 0 1 2 3
  - How often do you have feelings of guilt about every day decisions? 0 1 2 3
  - How often do 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 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, Mivacurium, Pancuronium, Rocuronium, Uccinylcholine, Tubocurarine, Vecuronium, Hemicoline

**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, Isofluorophate, Organophosphate Insecticides, Organophosphate-containing nerve agents

**Cholinesterase Inhibitors (reversible)**
Donepezil, Galantamine, Rivastigmine, Tacrine, THC, Erophonium, Neostigmine, Pyridostigmine, Carbamate Insecticides

**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, Iuanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydis, Seroquel, Geodon, Solian, Invega, Abilify

**GABA Antagonist Competitive binder**
Flumazenil

**Monoamine Oxidase Inhibitor (MAOIs)**
Marplan, Aurorix, Maneric, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Iproniid, 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, Saratem, Flucont, Faverin, Seroxat, Aropax, Deroxat, Rexetin, Xentor, Paroxat, Lustral, Seriam, Dopoxetine

**Selective Serotonin Reuptake Enhancers**
Stablon, Coaxil, Tatinol

**Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**
Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despramine, Duloxetine

**Tricylic Antidepressants (TCAs)**
Elavil, Endep, Tryptanol, Trepilina, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil, Norpramin, Pertofrane, Prothiadin, Thanden, Adapin, Sinequan, Trofranil, Janamine, Gamanil, Aventyl, Pamelor, Opipramol, Vivactil, Rhotrimine, Surmontil