

# Neurotransmitter Assessment Form™ (NTAF)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle the appropriate number 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 new things? 0 1 2 3
- How often do you have a hard time remembering your appointments? 0 1 2 3
- Is your temperament generally getting worse? 0 1 2 3
- Is your attention span decreasing? 0 1 2 3
- How often do you find yourself down or sad? 0 1 2 3
- How often do you become fatigued when driving compared to in the past? 0 1 2 3
- How often do you become fatigued when reading compared to in 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 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 light-headedness 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

- How often do you get fatigued after meals? 0 1 2 3
- How often do you crave sugar and sweets after meals? 0 1 2 3
- How often do you feel you need stimulants, such as coffee, after meals? 0 1 2 3
- How often 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 increased? 0 1 2 3
- How often do you gain weight when under stress? 0 1 2 3
- How often do you have difficulty falling asleep? 0 1 2 3

## SECTION 1

- Are you losing interest in hobbies? 0 1 2 3
- How often do you feel overwhelmed? 0 1 2 3
- How often do you have feelings of inner rage? 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 your 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

- 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

- How often do you feel anxious or panicked 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

- Do you feel your visual memory (shapes & images) has decreased? 0 1 2 3
- Do you feel your verbal memory has decreased? 0 1 2 3
- Do you have memory lapses? 0 1 2 3
- Has your creativity decreased? 0 1 2 3
- Has your comprehension 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 a slower mental response? 0 1 2 3

# Medication History\*

Please check any of the following medications you have taken in the past or are currently taking.

## Noradrenergic and Specific Serotonergic Antidepressants (NaSSAs)

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Remeron® | <input type="checkbox"/> Norset®   |
| <input type="checkbox"/> Zispin®  | <input type="checkbox"/> Remergil® |
| <input type="checkbox"/> Avanza®  | <input type="checkbox"/> Axit®     |

## Tricyclic Antidepressants (TCAs)

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Elavil®     | <input type="checkbox"/> Prothiaden® |
| <input type="checkbox"/> Endep®      | <input type="checkbox"/> Adapin®     |
| <input type="checkbox"/> Tryptanol®  | <input type="checkbox"/> Sinequan®   |
| <input type="checkbox"/> Trepiline®  | <input type="checkbox"/> Tofranil®   |
| <input type="checkbox"/> Asendin®    | <input type="checkbox"/> Janamine®   |
| <input type="checkbox"/> Asendis®    | <input type="checkbox"/> Gamamil®    |
| <input type="checkbox"/> Defanyl®    | <input type="checkbox"/> Aventyl®    |
| <input type="checkbox"/> Demolox®    | <input type="checkbox"/> Pamelor®    |
| <input type="checkbox"/> Moxadil®    | <input type="checkbox"/> Opipramol®  |
| <input type="checkbox"/> Anafranil®  | <input type="checkbox"/> Vivactil®   |
| <input type="checkbox"/> Norpramin®  | <input type="checkbox"/> Rhotrimine® |
| <input type="checkbox"/> Pertofranc® | <input type="checkbox"/> Surmontil®  |
| <input type="checkbox"/> Thaden™     | <input type="checkbox"/> Norpramin®  |

## Selective Serotonin Reuptake Inhibitors (SSRIs)

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Paxil®    | <input type="checkbox"/> Seromex® |
| <input type="checkbox"/> Zolof®    | <input type="checkbox"/> Seronil® |
| <input type="checkbox"/> Prozac®   | <input type="checkbox"/> Sarafem® |
| <input type="checkbox"/> Celexa®   | <input type="checkbox"/> Fluctin® |
| <input type="checkbox"/> Lexapro®  | <input type="checkbox"/> Faverin® |
| <input type="checkbox"/> Esertia®  | <input type="checkbox"/> Seroxat® |
| <input type="checkbox"/> Luvox®    | <input type="checkbox"/> Aropax®  |
| <input type="checkbox"/> Cipramil® | <input type="checkbox"/> Deroxat® |
| <input type="checkbox"/> Emocal®   | <input type="checkbox"/> Rexetin® |
| <input type="checkbox"/> Seropram® | <input type="checkbox"/> Paroxat® |
| <input type="checkbox"/> Cipralax® | <input type="checkbox"/> Lustral® |
| <input type="checkbox"/> Fontex®   | <input type="checkbox"/> Serlain® |
| <input type="checkbox"/> Priligy®  |                                   |

## Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Effexor®   |
| <input type="checkbox"/> Pristiq®   |
| <input type="checkbox"/> Meridia®   |
| <input type="checkbox"/> Serzone®   |
| <input type="checkbox"/> Dalcipran® |
| <input type="checkbox"/> Cymbalta®  |

## Selective Serotonin Reuptake Enhancers (SSREs)

- |                                   |
|-----------------------------------|
| <input type="checkbox"/> Stablon® |
| <input type="checkbox"/> Coaxil®  |
| <input type="checkbox"/> Tatinol® |

## Monoamine Oxidase Inhibitors (MAOIs)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Marplan®   | <input type="checkbox"/> Marsilid®      |
| <input type="checkbox"/> Aurorix®   | <input type="checkbox"/> Iprozid®       |
| <input type="checkbox"/> Manerix®   | <input type="checkbox"/> Ipronid®       |
| <input type="checkbox"/> Moclodura® | <input type="checkbox"/> Rivivol®       |
| <input type="checkbox"/> Nardil®    | <input type="checkbox"/> Propilniazida® |
| <input type="checkbox"/> Adeline®   | <input type="checkbox"/> Zyvox®         |
| <input type="checkbox"/> Eldepryl®  | <input type="checkbox"/> Zyvoxid®       |
| <input type="checkbox"/> Azilect®   |   |

## Dopamine Receptor Agonists

- |                                   |
|-----------------------------------|
| <input type="checkbox"/> Mirapex® |
| <input type="checkbox"/> Sifrol®  |
| <input type="checkbox"/> Requip®  |

## Norepinephrine–Dopamine Reuptake Inhibitors (NDRIs)

- |   |
|---|
| <input type="checkbox"/> Wellbutrin XL® |
|---|

## D2 Dopamine Receptor Blockers (antipsychotics)

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Thorazine® | <input type="checkbox"/> Acuphase®    |
| <input type="checkbox"/> Prolixin®  | <input type="checkbox"/> Haldol®      |
| <input type="checkbox"/> Trilafon®  | <input type="checkbox"/> Orap®        |
| <input type="checkbox"/> Compazine® | <input type="checkbox"/> Clozaril®    |
| <input type="checkbox"/> Mellaril®  | <input type="checkbox"/> Zyprexa®     |
| <input type="checkbox"/> Stelazine® | <input type="checkbox"/> Zydis®       |
| <input type="checkbox"/> Vesprin®   | <input type="checkbox"/> Seroquel XR® |
| <input type="checkbox"/> Nozinan®   | <input type="checkbox"/> Geodon®      |
| <input type="checkbox"/> Depixol®   | <input type="checkbox"/> Solian®      |
| <input type="checkbox"/> Navane®    | <input type="checkbox"/> Invega®      |
| <input type="checkbox"/> Fluaxol®   | <input type="checkbox"/> Abilify®     |
| <input type="checkbox"/> Clopixol®  |                                       |

## GABA Antagonist Competitive Binder

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Romazicon® |
|-------------------------------------|

## Agonist Modulators of GABA Receptors (benzodiazepines)

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Xanax®     | <input type="checkbox"/> Dalmane®  |
| <input type="checkbox"/> Lexotanil® | <input type="checkbox"/> Ativan®   |
| <input type="checkbox"/> Lexotan®   | <input type="checkbox"/> Loramet®  |
| <input type="checkbox"/> Librium®   | <input type="checkbox"/> Sedoxil®  |
| <input type="checkbox"/> Klonopin®  | <input type="checkbox"/> Dormicum® |
| <input type="checkbox"/> Valium®    | <input type="checkbox"/> Serax®    |
| <input type="checkbox"/> Prosom®    | <input type="checkbox"/> Restoril® |
| <input type="checkbox"/> Rohypnol®  | <input type="checkbox"/> Halcion®  |
| <input type="checkbox"/> Magadon®   |                                    |

## Agonist Modulators of GABA Receptors (non-benzodiazepines)

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Ambien CR® |
| <input type="checkbox"/> Sonata®    |
| <input type="checkbox"/> Lunesta®   |
| <input type="checkbox"/> Imovane®   |

## Acetylcholine Receptor Agonists

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Urecholine® | <input type="checkbox"/> Isopto®  |
| <input type="checkbox"/> Evoxac®     | <input type="checkbox"/> Nicotone |
| <input type="checkbox"/> Salagen®    |                                   |

## Acetylcholine Receptor Antagonists (antimuscarinic agents)

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> AtroPen® | <input type="checkbox"/> Atrovent® |
| <input type="checkbox"/> Scopace® | <input type="checkbox"/> Spiriva®  |

## Acetylcholine Receptor Antagonists (ganglionic blockers)

- |  |  |
|--|--|
| <input type="checkbox"/> Inversine®            | <input type="checkbox"/> Hexamethonium |
| <input type="checkbox"/> Nicotine (high doses) | <input type="checkbox"/> Arfonad®      |

## Acetylcholine Receptor Antagonists (neuromuscular blockers)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Tracrium® | <input type="checkbox"/> Zemuron®         |
| <input type="checkbox"/> Nimbex®   | <input type="checkbox"/> Anectine®        |
| <input type="checkbox"/> Nuromax®  | <input type="checkbox"/> Tubocurarine®    |
| <input type="checkbox"/> Metubine® | <input type="checkbox"/> Norcuron®        |
| <input type="checkbox"/> Mivacron® | <input type="checkbox"/> Hemicholinium-3® |
| <input type="checkbox"/> Pavulon®  |   |

## Acetylcholinesterase Reactivators

- |                                    |
|------------------------------------|
| <input type="checkbox"/> Protopam® |
|------------------------------------|

## Cholinesterase Inhibitors (reversible)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Aricept®               | <input type="checkbox"/> Enlon®      |
| <input type="checkbox"/> Razadyne®              | <input type="checkbox"/> Prostigmin® |
| <input type="checkbox"/> Exelon®                | <input type="checkbox"/> Antilirium® |
| <input type="checkbox"/> Cognex®                | <input type="checkbox"/> Mestinon®   |
| <input type="checkbox"/> THC                    |                                      |
| <input type="checkbox"/> Carbamate insecticides |                                      |

## Cholinesterase Inhibitors (irreversible)

- |  |
|--|
| <input type="checkbox"/> Echothiophate                           |
| <input type="checkbox"/> Isoflurophate                           |
| <input type="checkbox"/> Organophosphate insecticides            |
| <input type="checkbox"/> Organophosphate-containing nerve agents |