## **Neurotransmitter Assessment Form (NTAF)**

Name:			Ag	ge: _	Sex: Date:				
Please circle the appropriate number on all questions below	v. 0	as	the	e leas	st/never to 3 as the most/always.				
SECTION A									
• Is your memory noticeably declining?	0	1	2	3	How often do you feel you lack artistic appreciation?	0	1	2	3
<ul> <li>Are you having a hard time remembering names</li> </ul>					<ul> <li>How often do you feel depressed in overcast weather?</li> </ul>	0	1	2	3
and phone numbers?			2		How much are you losing your enthusiasm for your				_
Is your ability to focus noticeably declining?  Head to be a few forms to be a few forms to be a few forms.			2		favorite activities?	0	1	2	3
<ul><li> Has it become harder for you to learn new things?</li><li> How often do you have a hard time remembering</li></ul>	U	I	2	3	How much are you losing your enjoyment for your favorite foods?	Λ	1	2	3
your appointments?	0	1	2	3	How much are you losing your enjoyment of	U	1	4	3
• Is your temperament generally getting worse?			2		friendships and relationships?	0	1	2	3
• Is your attention span decreasing?			2		How often do you have difficulty falling into				
<ul> <li>How often do you find yourself down or sad?</li> </ul>	0	1	2	3	deep, restful sleep?	0	1	2	3
How often do you become fatigued when driving				_	How often do you have feelings of dependency			_	_
compared to in the past?	0	1	2	3	on others?			2	
<ul> <li>How often do you become fatigued when reading compared to in the past?</li> </ul>	Λ	1	2	3	<ul><li> How often do you feel more susceptible to pain?</li><li> How often do you have feelings of unprovoked anger?</li></ul>			2 2	
How often do you walk into rooms and forget why?			2		How much are you losing interest in life?			2	
How often do you pick up your cell phone and forget why?			2		110 w much are you losing interest in me.	U	•	-	J
					SECTION 2				
SECTION B					How often do you have feelings of hopelessness?			2	
How high is your stress level?	0	1	2	3	How often do you have self-destructive thoughts?			2	
<ul> <li>How often do you feel you have something that</li> </ul>					How often do you have an inability to handle stress?	0	1	2	3
must be done?			2		How often do you have anger and aggression while under stress?	Λ	1	2	3
Do you feel you never have time for yourself?	0	1	2	3	How often do you feel you are not rested, even after	U	1	_	3
<ul> <li>How often do you feel you are not getting enough sleep or rest?</li> </ul>	0	1	2	3	long hours of sleep?	0	1	2	3
• Do you find it difficult to get regular exercise?			2		How often do you prefer to isolate yourself from others?			2	
• Do you feel uncared for by the people in your life?			2		How often do you have unexplained lack of concern for				
Do you feel you are not accomplishing your					family and friends?	0	1	2	3
life's purpose?	0	1	2	3	How easily are you distracted from your tasks?  How easily are you distracted from your tasks?			2	
• Is sharing your problems with someone difficult for you?	0	1	2	3	<ul><li> How often do you have an inability to finish tasks?</li><li> How often do you feel the need to consume caffeine to</li></ul>	U	1	2	3
an amenda a					stay alert?	0	1	2	3
SECTION C					How often do you feel your libido has been decreased?			2	
SECTION C1					How often do you lose your temper for minor reasons?	0	1	2	3
How often do you get irritable, shaky, or have	•	1	2	2	<ul> <li>How often do you have feelings of worthlessness?</li> </ul>	0	1	2	3
light-headedness between meals?  • How often do you feel energized after eating?			2 2		CP CPLON 4				
How often do you have difficulty eating large	U	1	_	3	SECTION 3	0	1	2	2
meals in the morning?	0	1	2	3	<ul> <li>How often do you feel anxious or panicked for no reason?</li> <li>How often do you have feelings of dread or</li> </ul>	U	1	2	3
<ul> <li>How often does your energy level drop in the afternoon?</li> </ul>			2		impending doom?	0	1	2	3
<ul> <li>How often do you crave sugar and sweets in the afternoon?</li> </ul>			2		How often do you feel knots in your stomach?			2	
• How often do you wake up in the middle of the night?	0	1	2	3	How often do you have feelings of being overwhelmed				
How often do you have difficulty concentrating  hefore acting?	Λ	1	2	2	for no reason?	0	1	2	3
<ul><li>before eating?</li><li>How often do you depend on coffee to keep yourself going?</li></ul>			2 2		How often do you have feelings of guilt about			•	•
How often do you feel agitated, easily upset, and nervous	U	1	_	5	<ul><li>everyday decisions?</li><li>How often does your mind feel restless?</li></ul>			2 2	
between meals?	0	1	2	3	<ul><li>How often does your mind feel restless?</li><li>How difficult is it to turn your mind off when you</li></ul>	U	1	2	3
SECTION C2					want to relax?	0	1	2	3
How often do you get fatigued after meals?	0	1	2	3	How often do you have disorganized attention?			2	
• How often do you crave sugar and sweets after meals?			2		How often do you worry about things you were				
<ul> <li>How often do you feel you need stimulants, such as</li> </ul>					not worried about before?	0	1	2	3
coffee, after meals?			2		How often do you have feelings of inner tension and			•	•
How often do you have difficulty losing weight?	0	1	2	3	inner excitability?	U	I	2	3
<ul> <li>How much larger is your waist girth compared to your hip girth?</li> </ul>	Λ	1	2	2	SECTION 4				
How often do you urinate?			2		• Do you feel your visual memory (shapes & images)				
Have your thirst and appetite increased?			2		has decreased?	0	1	2	3
<ul> <li>How often do you gain weight when under stress?</li> </ul>			2		Do you feel your verbal memory has decreased?	0	1	2	3
<ul> <li>How often do you have difficulty falling asleep?</li> </ul>	0	1	2	3	• Do you have memory lapses?			2	
SECTION 1					Has your creativity decreased?			2	
• Are you losing interest in hobbies?	•	1	•	2	Has your comprehension diminished?     Do you have difficulty calculating numbers?			2	
<ul><li> Are you losing interest in nobbles?</li><li> How often do you feel overwhelmed?</li></ul>			2		<ul><li>Do you have difficulty calculating numbers?</li><li>Do you have difficulty recognizing objects &amp; faces?</li></ul>			2	
How often do you have feelings of inner rage?			2		Do you feel like your opinion about yourself	J	•	-	J
How often do you have feelings of paranoia?			2		has changed?	0	1	2	3
<ul> <li>How often do you feel sad or down for no reason?</li> </ul>	0	1	2	3	Are you experiencing excessive urination?	0	1	2	3
<ul> <li>How often do you feel like you are not enjoying life?</li> </ul>	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 Sertonergic Antidepressants (NaSSAas)		Monoamine Oxidas	se Inhibitors (MAOIs)	Agonist Modulators of GABA Receptors (nonbenzodiazepines)			
☐ Remeron® ☐ Zispin® ☐ Avanza®	□ Norset® □ Remergil® □ Axit®	☐ Marplan® ☐ Aurorix® ☐ Manerix® ☐ Moclodura® ☐ Nardil®	☐ Azilect® ☐ Marsilid® ☐ Iprozid® ☐ Ipronid® ☐ Rivivol®	☐ Ambien CR® ☐ Sonata® ☐ Lunesta® ☐ Imovane®			
□ Elavil®	□ Prothiaden®	☐ Adeline®☐ Eldepryl®	☐ Zyvox <sup>®</sup> ☐ Zyvoxid <sup>®</sup>		eceptor Antagonists		
☐ Endep®	☐ Adapin®		•		arinic Agents		
☐ Tryptanol	☐ Sinequan®	Dopamine Re	ceptor Agonists	☐ Atropine			
☐ Trepiline®	☐ Tofranil®	•	1 8	☐ Ipratropium			
☐ Asendin®	☐ Janamine®	☐ Mirapex®		☐ Scopolamine			
☐ Asendis®	☐ Gamanil®	□ Sifrol®		☐ Tiotropium			
☐ Defanyl®	☐ Aventyl®	☐ Requip®		A ( l . l l D .	4 A4		
☐ Demolox®	☐ Pamelor®	Noroninonhrir	ne and Dopamine		ceptor Antagonists aic Blockers		
☐ Moxadil®	☐ Opipramol®		nibitors (NDRI)	9			
☐ Anafranil®	☐ Vivactil®	•	, ,	☐ Mecamylamine			
□ Norpramin®	☐ Rhotrimine®	☐ Wellbutrin XL	B.	☐ Hexamethonium			
□ Pertofrane®	□ Surmontil®		Receptor Blockers sychotics)	☐ Nicotine (high☐ Trimethaphan	doses)		
	ve Serotonin nhibitors (SSRIs)	☐ Thorazine®	☐ Acuphase®	Acetylcholine Re	ceptor Antagonists		
Keuptake I	illibitors (SSK18)	☐ Prolixin®	☐ Haldol®		ular Blockers		
☐ Paxil®	☐ Seromex®	☐ Trilafon®	□ Orap®	☐ Atracurium	☐ Rocuronium		
☐ Zoloft®	☐ Seronil®	☐ Compazine®	□ Clozaril®	☐ Cisatracurium	☐ Succinylcholine		
☐ Prozac®	☐ Sarafem®	☐ Mellaril®	☐ Zyprexa®	□ Doxacurium	☐ Tubocurarine		
☐ Celexa®	☐ Fluctin®	☐ Stelazine®	□ Zydis®	☐ Metocurine	□ Vecuronium		
☐ Lexapro®	☐ Faverin®	□ Vesprin®	☐ Seroquel XR®	☐ Mivacurium	☐ Hemicholinium		
□ Luvox®	☐ Seroxat	□ Nozinan®	☐ Geodon®	☐ Pancuronium	□ Heimenommum		
☐ Cipramil®	☐ Aropax®	☐ Depixol®	□ Solian®	□ Taneuromum			
☐ Emocal®	☐ Deroxat®	□ Navane®	□ Invega®	Agotyloholinost	erase Reactivators		
☐ Seropram®	☐ Rexetin®	□ Fluanxol®	☐ Abilify®	Acetylcholinesto	erase Reactivators		
☐ Cipralex®	☐ Paroxat®	☐ Clopixol®	_ 110mily	☐ Pralidoxime			
☐ Fontex®	☐ Lustral®	🗅 сторьког					
☐ Dapoxetine	☐ Serlain®	GABA Antagonist	Competitive Binder		hibitors (reversible)		
	-Norepinephrine nhibitors (SNRIs)	☐ Flumazenil		☐ Donepezil☐ Galantamine	☐ Edrophonium ☐ Neostigmine		
□ Effexor®			s of GABA Receptors	☐ Rivastigmine	☐ Physostigmine		
☐ Pristiq®		(benzod	liazepines)	☐ Tacrine	☐ Pyridostigmine		
☐ Meridia®		□ Xanax <sup>®</sup>	□ Dalmane®	□ THC			
☐ Serzone®		☐ Lexotanil®	□ Ativan®	☐ Carbamate Inse	ecticides		
☐ Dalcipran®		☐ Lexotan®	☐ Loramet®				
☐ Desipramine		☐ Librium®	☐ Sedoxil®	Cholinesterase Inh	nibitors (irreversible)		
☐ Duloxetine		□ Klonopin®	□ Dormicum®	□ Eshathianh-4-			
L Duloxeune		□ Valium®	□ Serax®	☐ Echothiophate ☐ Isoflurophate			
Selecti	ve Serotonin	□ ProSom®	□ Restoril®	☐ Organophospha	ata Insacticidas		
Reuptake Enhancers (SSREs)		☐ Rohypnol®	☐ Halcion®				
□ Stablon®		Jr ·		□ Organopnospna	ate-containing nerve agents		
□ Coaxil®							

☐ Tatinol®