

# Neurotransmitter Assessment Form (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 – General Brain Function

- 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  
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  
Are you depressed more than usual? 0 1 2 3

## Section B – General Brain Function/Stress

- Is your stress level high? 0 1 2 3  
Do you always have something that must be done? 0 1 2 3  
Do you feel you never have time for yourself? 0 1 2 3  
Do you feel you are not getting enough sleep or rest? 0 1 2 3

## Section C – Sugar Balance

### Section C1 – Blood Sugar Fluctuation

- Do you get irritable, shaky, or have lightheadedness between meals? 0 1 2 3  
Do you get irritable, shaky, jittery, or have tremors if missing a meal? 0 1 2 3  
Do you feel energized after eating? 0 1 2 3  
Do you have difficulty eating large meals in the morning? 0 1 2 3  
Does your energy level drop in the afternoon? 0 1 2 3  
Do you crave sugar and sweets in the afternoon? 0 1 2 3

### Section C2 – Insulin Resistance

- Do you get fatigue after meals? 0 1 2 3  
Do you crave sugar and sweets after meals? 0 1 2 3  
Eating sweets does not relieve cravings for sugar. 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  
Waist girth is equal to or larger than hip girth? 0 1 2 3  
Do you have frequent urination? 0 1 2 3  
Has your thirst & appetite been increased? 0 1 2 3

## Section 1 – Serotonin

- Are you losing your pleasure in hobbies and interests? 0 1 2 3  
Do you feel overwhelmed with ideas to manage? 0 1 2 3  
Do you have feelings of inner rage (anger)? 0 1 2 3  
Do you have feelings of paranoia? 0 1 2 3  
Do you have feelings of depression? 0 1 2 3  
Do you feel like you are not enjoying life? 0 1 2 3  
Do you believe you lack artistic appreciation? 0 1 2 3  
Do you feel depressed in overcast weather? 0 1 2 3  
Are you losing your enthusiasm for your favorite activities? 0 1 2 3  
Are you losing enjoyment for your favorite foods? 0 1 2 3  
Are you losing your enjoyment of friendships and relationships? 0 1 2 3  
Do you have difficulty falling into deep restful sleep? 0 1 2 3

## Section 1 – Serotonin (continued)

- Do you have feeling of dependency on others? 0 1 2 3  
Do you feel more susceptible to pain? 0 1 2 3  
Do you have feelings of unprovoked anger? 0 1 2 3

## Section 2 – Dopamine

- Do you have feelings of hopelessness? 0 1 2 3  
Do you have self-destructive thoughts? 0 1 2 3  
Do you have an inability to handle stress? 0 1 2 3  
Do you have anger and aggression while under stress? 0 1 2 3  
Do you feel you are not rested even after long hours of sleep? 0 1 2 3  
Do you prefer to isolate yourself from others? 0 1 2 3  
Do you have unexplained lack of concern for family and friends? 0 1 2 3  
Are you distracted easily? 0 1 2 3  
Do you have an inability to finish tasks? 0 1 2 3  
Do you feel the need to consume caffeine to stay alert? 0 1 2 3  
Do you feel your libido has been decreased? 0 1 2 3  
Do you lose your temper for minor reasons? 0 1 2 3

## Section 3 – GABA

- Do you feel anxious or panic for no reason? 0 1 2 3  
Do you have feelings of dread? 0 1 2 3  
Do you have feelings of knots in you stomach? 0 1 2 3  
Do you have feelings of being overwhelmed for no reason? 0 1 2 3  
Do you have feelings of guilt about decisions? 0 1 2 3  
Does your mind feel restless? 0 1 2 3  
Is it difficult to turn your mind off when you want to relax? 0 1 2 3  
Do you have disorganized attention? 0 1 2 3  
Do you worry about things you never had thought about before? 0 1 2 3  
Do you have feelings of inner tension and inner excitability? 0 1 2 3

## Section 4 – Acetylcholine

- Do you feel your visual memory 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 and faces? 0 1 2 3  
Do you have feelings of altered keen awareness of self? 0 1 2 3  
Are you experiencing excessive urination? 0 1 2 3  
Has your mental responsiveness been decreased? 0 1 2 3

## **Medication History**

Please circle any of the following medication you have been or are currently taking.

### **Agonist Modulator of GABA Receptor (benzodiazepines)**

Xanax, Lexotanil, Lexotan, Librium, Klonopin, Valium, ProSom, Rohypnol, Dalmane, Ativan, Loramet, Sedoxil, Dormicum, Megadon, Serax, Restoril, Halcion

### **Agonist Modulator of GABA Receptors (nonbenzodiazepines)**

Ambien, Sonata, Lunesta, Imovane

### **GABA Antagonist Competitive binder**

Flumazenil

### **D2 Dopamine Receptors 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

### **Dopamine Receptors Agonists**

Mirapex, Sifrol, Requip

### **Acetylcholine Receptor Agonists**

Bethenacol, Carbachol, Cervimeline, Pilocarpine, Suberylcholine, Nicotine

### **Cholinesterase Inhibitors (reversible)**

Donepezil, Galatamine, Rivastigmine, Tacrine, THC, Erophonium, Neostigmine, Phystigimine, Pyridostigmine, Carbamate Insecticides

### **Cholinesterase Inhibitors (irreversible)**

Echotiophate, Isoflurophate, Organophosphate Insecticides, Organophosphate-containing nerve agents

### **Acetylcholinesterase Reactivators**

Pralidoxime

### **Acetylcholine Receptor Antagonist – Antimuscarinic Agents**

Atropine, Ipratropium, Scopolamine, Tiotropium

### **Acetylcholine Receptor Antagonist - Ganglionic Blockers**

Mecamylamine, Hexamethonium, Nicotine (high doses), Trimethaphan

### **Acetylcholine Receptor Antagonist - Neuromuscular Blockers**

Atracurium, Cisatracurium, Doxacurium, Metocurine, Mivacurium, Pancuronium, Rocuronium, uccinylcholine, Tubocurarine, Vecuronium, Hemicholine

### **Selective Serotonin Reuptake Inhibitor**

Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Serpam, Seropram, Cipralext, Esteria, Fontex, Seromex, Seronil, Sarafem, Fluctin, Faverin, Seroxat, Aropax, Deroxat, Rextin, Xentor, Paroxat, Lustral, Serlain, Dapoxetine

### **Selective Serotonin Reuptake Enhancers**

Stablon, Coaxil, Tatinol

### **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**

Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despramine, Duloxetine

### **Noradrenergic and Specific Sertonegic Antidepressants (NaSSaa)**

Remeron, Zispin, Avanza, Norset, Remergil, Axit

### **Tricyclic Antidepressants (TCAs)**

Elavil, Endep, Tryptanol, Trepiline, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil, Norpramin, Pertofrane, Prothiadin, Thanden, Adapin, Sinequan, Trofranil, Janamine, Gamanil, Aventyl, Pamelor, Opipramol, Vivactil, Rhotrimine, Surmontil

### **Monoamine Oxidase Inhibitor (MAOI)**

Marplan, Aurorix, Maneric, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid, Rivivol, Popilniazida, Zyvox, Zyvoxid

### **Dopamine Reuptake Inhibitors**

Wellbutrin (Bupropion)