

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 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

Symptom groups listed in this assessment are not intended to be used as a diagnosis of any disease condition.

For nutritional purposes only.

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