

Adult Neurotransmitter and Nutrition Assessment Form™ (ANNQ)

Child's Name: _____ Age: _____ Sex: _____ Date: _____

SECTION: GENERAL DIET

- Do you have any food sensitivities or allergies?

(If yes, please list)

- List your 4 healthiest foods eaten during the average week.

- List your 4 unhealthiest foods eaten during the average week.

- How many times do you eat candy per week?

- How many times do you drink soda per week?

- List the top 4 foods you crave regularly.

- List the medication(s) you are currently prescribed and any over-the-counter products used.

- Do you find it difficult to be on a special diet?

Please circle the appropriate number on all questions below (0 as the least/never to 3 as the most/always).

SECTION A

- Do you eat pasta, breads, and breaded foods? 0 1 2 3
- Do you have symptoms (fatigue, hyperactivity, etc) after eating foods containing wheat/gluten? 0 1 2 3
- Do you consume dairy products? 0 1 2 3
- Do you have symptoms (fatigue, hyperactivity, etc) after consuming dairy products? 0 1 2 3

SECTION B

- Do you eat fried fish? 0 1 2 3
- Do you eat roasted nuts or seeds? 0 1 2 3
- Are you missing essential fatty acid-rich foods in your diet? (for example: avocados, flax seeds, olives) (circle "0" if present, "3" if missing) 0 1 2 3
- Do you eat fried foods? 0 1 2 3

SECTION C

- Is your mental speed slow? 0 1 2 3
- Do you have difficulty with learning or memory? 0 1 2 3
- Do you have difficulty with balance and coordination? 0 1 2 3

SECTION D

- Do you have stress? 0 1 2 3
- Do you not have enough sleep and rest? (circle "0" if enough, "3" if not enough) 0 1 2 3
- Do you not exercise regularly? (circle "0" if regular exercise, "3" if no exercise) 0 1 2 3
- Do you feel overly worried and scared? 0 1 2 3

SECTION E

- Do you have a short temper? 0 1 2 3
- Do you exhibit wild behavior? 0 1 2 3
- Do you frequently get mad for unnecessary reasons? 0 1 2 3

- Do you have an inability to nap or sleep when physically exhausted? (circle "0" if able, "3" if unable) 0 1 2 3

- Are you overly talkative? 0 1 2 3

- Do you fidget and squirm when attempting to be quiet? 0 1 2 3

- Do you feel hyperactive? 0 1 2 3

- Do you have difficulty participating or engaging in leisure activities? 0 1 2 3

SECTION F

- Do you get excited easily? 0 1 2 3

- Do you have anxiety and panic for minor reasons? 0 1 2 3

- Do you feel overwhelmed for minor reasons? 0 1 2 3

- Do you find it difficult to relax when your awake? 0 1 2 3

- Do you have disorganized attention? 0 1 2 3

SECTION G

- Do you seem depressed? 0 1 2 3

- Do you have mood changes with overcast weather? 0 1 2 3

- Do you have symptoms of inner rage? 0 1 2 3

- Do you seem uninterested in games or hobbies? 0 1 2 3

- Do you have difficulty falling into deep, restful sleep? 0 1 2 3

- Do you seem uninterested in friendships? 0 1 2 3

- Do you have unprovoked anger? 0 1 2 3

- Do you seem uninterested in eating? 0 1 2 3

SECTION H

- Do you have difficulty handling stress? 0 1 2 3

- Do you have anger and aggression while being challenged? 0 1 2 3

- Do you feel tired even after many hours
of sleep? 0 1 2 3
- Do you tend to isolate himself/herself from
others? 0 1 2 3
- Do you get distracted easily? 0 1 2 3
- Do you have a constant need and desire for
candy and sugar? 0 1 2 3
- Do you have disorganized attention? 0 1 2 3

SECTION I

- Do you have difficulty with visual memory
(shapes and images)? 0 1 2 3
- Do you have difficulty remembering
locations? 0 1 2 3
- Do you have fatigue or low endurance for
learning activities? 0 1 2 3
- Do you have difficulty with attention or a
short attention span? 0 1 2 3
- Do you have slow or difficult speech? 0 1 2 3
- Do you have uncoordinated or
slow movements? 0 1 2 3