

Patient 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 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 feeling down or sad more than usual? 0 1 2 3
- Do you fatigue sooner when driving than in the past? 0 1 2 3
- Do you fatigue when reading sooner than in the past? 0 1 2 3
- Do you walk into rooms and forget why? 0 1 2 3
- Do you pick up your cell phone and forget why? 0 1 2 3

SECTION B

- 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
- Are you finding time to get regular exercise? 0 1 2 3
- Do you feel cared about by the people in your life? 0 1 2 3
- Do you feel you are accomplishing your life purpose? 0 1 2 3
- Are their people in your life to share your problems with available to you on a daily basis? 0 1 2 3

SECTION C

SECTION C1

- Do you get irritable, shaky, or have lightheadedness between meals? 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
- Do you wake up in the middle of the night? 0 1 2 3
- Do you have difficulty concentrating before eating? 0 1 2 3
- Do you depend on coffee to keep yourself going? 0 1 2 3
- Do you feel agitated, easily upset, and nervous between meals? 0 1 2 3

SECTION C2

- Do you get fatigued after meals? 0 1 2 3
- Do you crave sugar and sweets after meals? 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
- Is your waist girth equal to or larger than your hip girth? 0 1 2 3
- Do you have frequent urination? 0 1 2 3
- Has your thirst and appetite been increased? 0 1 2 3
- Do you still have sugar cravings after eating sweets? 0 1 2 3
- Do you have weight gain when under stress? 0 1 2 3
- Do you have difficulty falling asleep? 0 1 2 3

SECTION 1

- 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 feel sad or down for no reason? 0 1 2 3
- In general, do you feel like you are not enjoying life? 0 1 2 3

- Do you feel 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
- 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
- Are you losing interest in life? 0 1 2 3

SECTION 2

- 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
- Do you have feeling of worthlessness? 0 1 2 3

SECTION 3

- Do you feel anxious or panic for no reason? 0 1 2 3
- Do you have feelings of dread, or pending gloom? 0 1 2 3
- Do you feel 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 everyday 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 now worry about things you were not worried about before? 0 1 2 3
- Do you have feelings of inner tension and inner excitability? 0 1 2 3

SECTION 4

- Do you feel your visual memory (shapes & images) 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 & faces? 0 1 2 3
- Do you feel like your opinion about yourself is changed? 0 1 2 3
- Are you experiencing excessive urination? 0 1 2 3
- Are you experiencing slower mental response? 0 1 2 3

Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition.
For nutritional purposes only