

NeuroGraph Neurotransmitter Analysis

Date _____

Date of Birth _____

Name _____

Phone _____

Address _____

State / Pcode _____

Frequency (symptoms experienced over last 6 - 8 weeks)

N = Never

1 = Occasionally (1 to 2 times a month)

2 = Sometimes (3 to 5 times a month)

3 = Often (6 to 15 times a month)

4 = Very Often (greater than 15 times a month)

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- 1 Do you have impulsive tendencies1.
- 2 Do you suffer feelings of being down and depressed2.
- 3 Do you have panic attacks or severe anxiety3.
- 4 Do you feel more down or depressed during winter months4.
- 5 Do you feel angry or aggressive5.
- 6 Do you have suicidal thoughts6.
- 7 Do you feel nervous when you have to go to public places7.
- 8 Do you avoid situations where there will be a large number of people8.
- 9 Do you suffer from headaches9.
- 10 Do you have problems with self esteem10.
- 11 Do you have a negative reaction to stressful situations or dwell over them for an extended period e.g. -
Stress at work or in the home
Relationship breakup, financial worries
Relationship problems with partner, family problems11.
- 12 Do you crave high carbohydrate or sugary foods12.
- 13 Do you find yourself repeating certain actions constantly e.g. -
Hand washing, checking that the door is locked13.
- 14 Are you more sensitive to pain than others (low pain tolerance)14.
- 15 Do you feel aggressive when drinking alcohol15.
- 16 Do you constantly worry about your body size16.
- 17 Do you suffer from constipation, including frequent and/or long term17.
- 18 Do you crave or actively seek behaviour such as -
Gambling, extreme sports, recreational drug use
Frequent excess alcohol use18.
- 19 Do you smoke more than one packet of cigarettes per day19.
- 20 Do you feel anxious, feel tense or worry a lot20.
- 21 Do you partake in physical activity less than twice per week21.
- 22 Do your legs jump when you are going to, or when you are asleep22.
- 23 Do you have a short attention span and find it difficult to concentrate23.
- 24 Have you suffered from chronic stress in the past together with fatigue ...24.
- 25 Have you previously used large amounts of stimulants25.
- 26 Do you put on weight easily and find it difficult to lose weight26.