# NeuroGraph - Neurotransmitter Analysis

Date _____

Date of Birth _____

Name _____ Phone _____

Address _____ State / Pcode _____

Symptom Severity
**1 = Mild** problem
**2 = Moderate** problem
**3 = Major** problem
**4 = Severe** problem

Frequency
**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** ..... more than 15 times a month or occurs daily

- For the SEVERITY & FREQ. questions - Enter the **NUMBERS** that equal the **Severity** and the **Frequency**
- Note: If No Symptom Exists - write a '**0**' in the **Severity** square
- For the YES - NO questions - **CIRCLE** the **CORRECT** answer, for example .. (Yes) - No

| | | Severity | Frequency |
|---|---|---|---|
| No appetite, unable to eat | 1 | | |
| Currently taking antidepressants | 2 | Yes - No | |
| Feel down, depressed or hopeless | 3 | | |
| Have panic attacks or severe anxiety | 4 | | |
| Have headaches - cluster headaches - migraines | 5 | | |
| Feel more down or depressed during winter months | 6 | Yes - No | |
| Needing more than 8 hours sleep, sleeping too much | 7 | Yes - No | |
| Suffer from insomnia, trouble falling or staying asleep | 8 | | |
| Have impulsive tendencies, make decisions on spur of the moment | 9 | | |
| Diagnosed with major depression, bipolar disorder / manic depression | 10 | Yes - No | |
| Feel angry, aggressive - short emotional fuse - aggressive with alcohol | 11 | | |
| Unexpected weight loss or gain more than 5% of body weight in a month | 12 | Yes - No | |
| Little interest or pleasure in doing things, no motivation, can't get going | 13 | | |
| Mental and/ or physical slowing down - or -Agitation and/ or restlessness | 14 | | |
| Feeling bad about yourself, are a failure, have let yourself or family down | 15 | | |
| Thoughts that you would be better off dead, or hurting yourself some way | 16 | | |
| Feel tired all the time, have little energy | 17 | Yes - No | |
| Find yourself repeating certain actions constantly e.g. -<br>- Hand washing, checking that the door is locked | 18 | | |
| Have a short attention span, find it difficult to think or concentrate | 19 | | |
| Crave high carbohydrate or sugary foods or binge eat or overeat | 20 | | |
| Feel anxious when in public places or where there's lots of people | 21 | | |
| Do you have a negative reaction to stressful situations ...<br>Worry or dwell over things for an extended period e.g. -<br>- Family problems, financial problems<br>- Stress at work or home, things you haven't done before<br>- Relationship problems with partner, relationship breakup | 22 | | |
| Constantly worry about your body size | 23 | | |
| More sensitive to pain than others (low pain tolerence) | 24 | Yes - No | |
| Suffer from constipation, including frequent and/or long term | 25 | | |
| Misplace objects frequently | 26 | Yes - No | |
| Have a low sex drive, problems with arousal, orgasm | 27 | Yes - No | |
| Use Uppers, eg - Red Bull (caffeine) ...<br>- Coffee, Nicotine, Diet soft drinks, NutriSweet | 28 | Yes - No | |
| Have trouble remembering details of what happened yesterday | 29 | | |

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| | | Severity | Frequency |
|---|---|---|---|
| Prostate enlargement, benigh prostatic hypertrophy (BPH) | 30 | Yes - No | |
| Suffer from chronic pain | 31 | | |
| Have high blood pressure | 32 | Yes - No | |
| Your muscles constantly feel tight | 33 | | |
| Have dreams that are vague and plain | 34 | | |
| Have difficulty learning something new | 35 | | |
| Feel there is significantly high stress in your life | 36 | | |
| Personal or family history of breast or prostate cancer | 37 | Yes - No | |
| Your legs jump when you are going to - or - when you are asleep | 38 | | |
| Crave or engage in behaviour such as - - Frequent and / or excess alcohol use, recreational drug use - Gambling, extreme sports | 39 | Yes - No | |
| Diagnosed with - ALS, Multiple Sclerosis, Dementia, Alzheimer's, - Parkinson's, Huntington's, Myasthenia gravis, Tardive dyskinesia | 40 | Yes - No | |
| Previously used large amounts of stimulants | 41 | Yes - No | |
| Suffer from stress induced urinary incontinence | 42 | | |
| Engage in physical activity less than twice per week | 43 | Yes - No | |
| Put on weight easily and find it difficult to lose weight | 44 | | |
| Find it difficult to remember what happened a long time ago | 45 | | |
| Suffered from chronic stress in the past together with fatigue | 46 | Yes - No | |
| Have low blood pressure - hypotension | 47 | Yes - No | |
| Feel mentally fatigued, mentally exhausted | 48 | | |
| Food sensitivities, allergies, seasonal allergies | 49 | | |
| Have low blood sugar problems - hypoglycaemia | 50 | Yes - No | |
| Currently suffer from chronic stress together with fatigue | 51 | | |
| Suffer from phobias | 52 | Yes - No | |
| Experience paranoia | 53 | Yes - No | |
| Diagnosed with Schizophrenia | 54 | Yes - No | |
| Indigestion, low stomach acidity | 55 | | |
| Have Mercury based dental fillings | 56 | Yes - No | |
| Low tolerance to medication, drugs | 57 | Yes - No | |
| Feel anxious - feel tense - worry a lot - have performance anxiety | 58 | | |
| Have a relatively high tolerance to pain | 59 | Yes - No | |
| Experience manic episodes or feelings of mania | 60 | Yes - No | |
| Crave alcohol and / or excess alcohol consumption, binge drinking | 61 | | |
| Difficulty with waking in the morning | 62 | Yes - No | |
| Experience hallucinations or see things that are not there | 63 | Yes - No | |

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| | | Severity | Frequency |
|---|---|---|---|
| Hyperactive tendencies | 64 | | |
| Heavy growth of body hair | 65 | Yes - No | |
| Cuts and sores take a while to heal | 66 | Yes - No | |
| High tolerance to medication, drugs | 67 | Yes - No | |
| Dermatitis, eczema, urticaria, asthma | 68 | Yes - No | |
| Experience phobias, obsessions, compulsions | 69 | Yes - No | |
| Highly motivated, hard-driving - Type A personality | 70 | Yes - No | |
| Get mouth ulcers | 71 | | |
| High libido, easily orgasmic | 72 | Yes - No | |
| Need only 5 - 7 hours sleep per night | 73 | Yes - No | |
| Have Crohns disease, ulcerative colitis, problems with wheat and gluten | 74 | Yes - No | |
| Experience bouts of colic, flatulence, and diarrhea | 75 | | |
| Produce tears and saliva easily, never a dry mouth | 76 | Yes - No | |
| Painful periods, dysmennorhea, menstrual headaches | 77 | | |
| Have a lean build | 78 | Yes - No | |
| Have very little body hair | 79 | Yes - No | |
| Smoke more than one packet of cigarettes per day | 80 | Yes - No | |
| Attention deficit disorder, attention deficit hyperactive disorder | 81 | Yes - No | |
| Been diagnosed with epilepsy or suffer seizures | 82 | Yes - No | |
| Find it difficult to make decisions | 83 | | |
| Have poor coordination or balance | 84 | | |
| Difficulty with rapidly processing new information | 85 | | |
| Developed more digestive symptoms, discomfort, as you have aged | 86 | Yes - No | |

When are your Symptoms Worse _____

- ☐ Morning
- ☐ Evening
- ☐ All Day
- ☐ Night
- ☐ Day & Night
- ☐ Varies

If you answered YES to any questions or gave them a SCORE ...
How difficult have these problems made it for you to:
- do your work
- take care of things at home
- get along with other people

- ☐ Not difficult at all
- ☐ A bit difficult
- ☐ Very difficult
- ☐ Extremely difficult