

Health Questionnaire (NTAF)

Name: _____ Age: _____ Sex: _____ Date: _____

* Please circle the appropriate number "0-3" on all questions below. 0 as the least/never 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
How often do you have a hard time remembering appointments? 0 1 2 3
Is your temperament getting worse in general? 0 1 2 3
Are you losing attention span endurance? 0 1 2 3
How often do you find yourself down or sad? 0 1 2 3
How often do you fatigue when driving compared to the past? 0 1 2 3
How often do you fatigue when reading compared to 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 that 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 hard 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 lightheadedness 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 levels drop in the afternoon? 0 1 2 3
How often do you crave sugar/sweets in the after noon? 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
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 feel 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 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-S

Are you losing 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 have feelings of depression? 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-D

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 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-G

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

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| Do you feel knots in your 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 excitably? | 0 1 2 3 |

SECTION 4-ACH

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| 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 and 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 slower mental responses? | 0 1 2 3 |