

## Brain Region: Neurotransmitters Questionnaire

Score: 0, 1, 2, 3

0- Never (0%-25% of the time)

1-Sometimes (25%-50% of time)

2- Usually (50%-75% of time)

3- Always (100% of time)

Check whether the symptom has **increased** recently or is **unchanged**.

Select the number which best describes you and your symptoms.

Name \_\_\_\_\_ Date: \_\_\_\_\_

### Brain Chemistry Serotonin.....

No longer get pleasure from hobbies or interests  Increased 0 1 2 3  Unchanged

Feel overwhelmed with tasks to manage  Increased 0 1 2 3  Unchanged

Feelings of unprovoked anger and / or rage  Increased 0 1 2 3  Unchanged

Feelings of sadness for no reason  Increased 0 1 2 3  Unchanged

Unable to experience deep restful sleep  Increased 0 1 2 3  Unchanged

### Brain Chemistry Dopamine.....

Inability to handle stress  Increased 0 1 2 3  Unchanged

Self-destructive thoughts  Increased 0 1 2 3  Unchanged

Feelings of hopelessness  Increased 0 1 2 3  Unchanged

Desire to isolate yourself from others  Increased 0 1 2 3  Unchanged

Lack of concern for family and friends  Increased 0 1 2 3  Unchanged

Feelings of anger for minor reasons  Increased 0 1 2 3  Unchanged

**Brain Chemistry Ach.....**

- |   |                                    |   |                                    |
|---|------------------------------------|---|------------------------------------|
| Short term memory loss                        | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Difficulty calculating numbers                | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Difficulty recognizing faces and / or objects | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Challenges with reading comprehension         | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Feeling less creative than you are used to    | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |

**Brain Chemistry Catecholamines.....**

- |   |                                    |   |                                    |
|---|------------------------------------|---|------------------------------------|
| Decreased mental alertness                  | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Decreased alertness                         | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Poor concentration                          | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Impaired or slowed mental performance       | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Coffee needed to improve mental performance | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |

**Brain Chemistry GABA.....**

- |  |                                    |   |                                    |
|--|------------------------------------|---|------------------------------------|
| Feelings of nervousness or panic for no reason | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| “Knot” feeling in your gut                     | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Guilty feelings about routine decisions        | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Excessive worry                                | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Mind races when you are trying to relax        | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |
| Overwhelming feelings                          | <input type="checkbox"/> Increased | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Unchanged |