FAMILY FIRST HEALTH CENTER

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FAYLENE DANCER HUDSON, APRN

**Neurotransmitter Assessment Form**

*Please mark all that apply.*

Name: Date:

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| Section 1:* Are you losing interest in hobbies?
* Do you often feel overwhelmed?
* Do you often have feelings of inner rage?
* Do you often have feelings of paranoia?
* Do you often feel sad or down for no apparent reason?
* Do you often feel like you’re not enjoying life?
* Do you often feel like you lack artistic appreciation?
* Do you feel depressed in overcast weather?
* Are you losing enthusiasm for your favorite activities?
* Are you losing enjoyment for your favorite foods?
* Are you losing enjoyment of friendships and relationships?
* Do you often have difficulty falling into deep, restful sleep?
* Do you often feel dependency on others?
* Do you often feel more susceptible to pain?
* Do you often have feelings of unprovoked anger?
* Are you losing interest in life?
* Do you often feel anxiety?
* Do you have low self esteem?
* Do you often have poor appetite?
* Do you often feel panic?
* Have you been diagnosed with PTSD?
* Do you have an eating disorder?
* Do you have obsessive compulsive disorder?
* Do you have social anxiety?
 | Section 2:* Do you have low sex drive?
* Do you often have mood swings?
* Do you struggle with guilt?
* Do you have low motivation?
* Do you struggle to focus?
* Do you have low engery?
* Do you often feel sadness/tearfulness?
* Do you often have feelings of hopelessness?
* Do you often have self-destructive thoughts?
* Are you unable to handle stress?
* Do you often feel anger and aggression while under stress?
* Do you often feel you are not rested, even after long hours of sleep?
* Do you often prefer to isolate yourself?
* Do you have an unexplained lack of concern for your family and friends?
* Are you easily distracted from your tasks?
* Are you unable to finish tasks?
* Do you often feel the need to consume caffeine to stay alert?
* Do you feel your libido has decreased?
* Do you often lose your temper for minor reasons?
* Do you have feelings over worthlessness?
* Do you have muscle cramps, spasms, tremors or stiffness?
* Do you have difficulty swallowing?
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| Section 3:* Do you often feel anxious or panicked for no reason?
* Do you often have feelings of dread or impending doom?
* Do you often feel knots in your stomach?
* Do you often feel overwhelmed for no reason?
* Do you often feel guilt about everyday decisions?
* Does your mind often feel restless?
* Is it difficult to turn your mind off and relax?
* Do you have disorganized attention?
* Do you often feel worried about things that you were not worried about before?
* Do you often feel inner tension and inner excitability?
* Do you often have a short fuse?
* Are you often impulsive?
* Are you disorganized?
* Do you have panic attacks?
* Do you have drug or alcohol dependence?
* Do you have phobias?
 | Section 4:* Do you feel your visual memory (shapes & images) has decreased?
* Do you feel your verbal memory has decreased?
* Do you have memory lapses?
* Has your creativity decreased?
* Has your comprehension diminished?
* Do you have difficulty calculating numbers?
* Do you have difficulty recognizing objects and faces?
* Do you feel like you opinion of yourself has changed?
* Are you experiencing excessive urination?
* Are you experiencing slower mental responses?
* Do you have dry mouth?
* Do you have slowed reflexes?
* Do you have sex dysfunction?
* Do you have dyslexia or other learning disorders?
* Do you have arthritis?
* Do you have an autoimmune disorder?
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