

Brain Questionnaire (Nutrition)

How well is your brain working for you? Fill in this form and give it to your Chiropractor at your next visit.

NAME _____ AGE _____ DATE _____

Please circle the appropriate number "0-3" for all the questions below. 0 as the least/never to 3 as the most/always

SECTION A: GENERAL BRAIN FUNCTION

- 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
- Do you have a hard time remembering your appointments? 0 1 2 3
- Is your temperament getting worse in general? 0 1 2 3
- Are you losing your attention span endurance? 0 1 2 3
- Are you depressed more than usual? 0 1 2 3
- Do you fatigue sooner when driving than in the past? 0 1 2 3
- Do you fatigue when reading sooner than in the past? 0 1 2 3
- Do you walk into rooms and forget why? 0 1 2 3
- Do you pick up your mobile phone and forget why? 0 1 2 3

SECTION B: STRESS

- Is your stress level high? 0 1 2 3
- Do you always have something that must be done? 0 1 2 3
- Do you feel you never have time for yourself? 0 1 2 3
- Do you feel you are not getting enough sleep or rest? 0 1 2 3
- Do you think you are not exercising enough? 0 1 2 3
- Do you think no one cares about you? 0 1 2 3
- Do you feel you are failing to accomplish your life purpose? 0 1 2 3
- Do you have no one to share your problems with? 0 1 2 3

SECTION C: SUGAR BALANCE

SECTION C1: REACTIVE HYPOGLYCEAMIA

- Do you get irritable, shaky, or have light headedness between meals? 0 1 2 3
- Do you feel energized after eating? 0 1 2 3
- Do you have difficulty eating large meals in the morning? 0 1 2 3
- Does your energy level drop in the afternoon? 0 1 2 3
- Do you crave sugar and sweets in the afternoon? 0 1 2 3
- Do you wake up in the middle of the night? 0 1 2 3
- 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: INSULIN RESISTANCE

- Do you get 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 been 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

Please turn over

SECTION 1: SEROTONIN

Are you losing your 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 favourite activities?	0	1	2	3
Are you losing enjoyment for your favourite 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 feelings 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: DOPAMINE

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 been 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: GABA

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
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 excitability?	0	1	2	3

SECTION 4: ACETYLCHOLINE

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, faces?	0	1	2	3
Do you feel like your opinion about yourself is changed?	0	1	2	3
Are you experiencing excessive urination?	0	1	2	3
Are you experiencing slower mental response?	0	1	2	3

