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? |