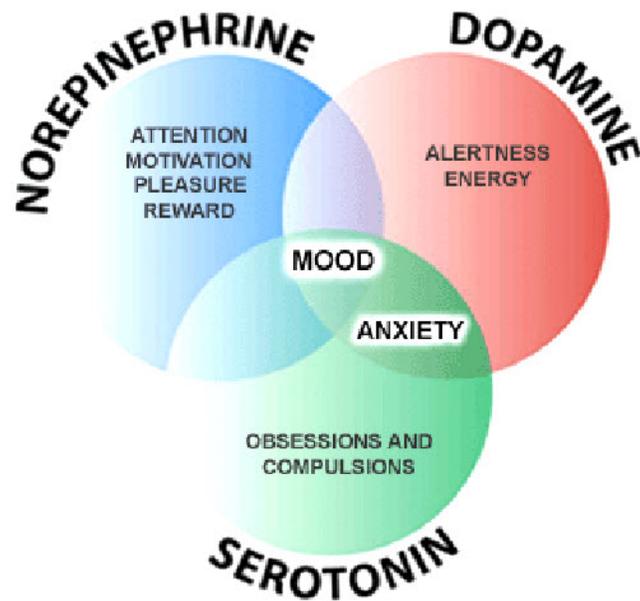

NEUROTRANSMITTER & BIOCHEMISTRY QUESTIONNAIRE





ADDENDUM TO THE HAQ

(BIOCHEMISTRY & NEUROTRANSMITTER ASSESSMENT)

Name: _____

Date: _____

FAQ1)



- I have soft, cracked, or brittle nails
- I have dry, itchy, scaling, or flaking skin.
- I have hard ear wax.
- I have chicken skin (tiny bumps on the backs of arms or on the trunk).
- I have dandruff.
- I feel aching or stiffness in my joints.
- I am thirsty most of the time.
- I am constipated (have less than two bowel movements a day).
- I have depression, ADHD, and/or memory loss.
- I have high blood pressure.
- I have premenstrual syndrome.
- I have high LDL cholesterol, low HDL levels, and high triglycerides.

(DQ2)

- I feel down or depressed a lot and don't have the energy or desire to do anything.
- I am a low-energy kind of person mentally or physically.
- I struggle to get motivated to exercise.
- I have trouble concentrating or focusing on things.
- I tend to sleep a lot or have trouble waking up.
- I need substances such as caffeine, chocolate, "diet pills," to "wake" me up.

(SQ3)

- My head is full of ANTS (automatic negative thoughts).
- I am a glass half-empty person.
- I have low self-esteem and self-confidence.
- I tend to have obsessive thoughts and behaviors (such as being a perfectionist or neat freak, or other more severe forms of OCD).
- I get the winter blues or have SAD (seasonal affective disorder).
- I tend to be irritable, easily angered, and/or impatient.
- I am shy and afraid of going out or have fear of heights, crowds, flying, or public speaking.
- I feel anxious or have panic attacks.
- I have PMS, breast tenderness, and bloating before my period.
- I have trouble falling asleep.
- I wake up in the middle of the night and have trouble getting back to sleep, or wake up too early in the morning.
- I crave sweets or starchy carbs like bread and pasta.
- I feel better when I exercise.
- I have muscle aches, fibromyalgia, and/or jaw pain (TMJ).
- I have been treated with and felt better when taking SSRI's (serotonin-boosting antidepressants).

(GQ4)



- It is hard for me to kick back and relax.
- I am easily stressed out or overwhelmed.
- It is common for me to feel overworked or pressured.
- My body is stiff or uptight.
- I sometimes feel weak and shaky.
- I am bothered by loud noises, lights, or too much activity.
- I feel more anxious or stressed if I skip meals.
- I use substances such as sugar, alcohol, and/or drugs to help me relax.

(AC5)

- I find myself writing things down so I won't forget them.
- I find it hard to do math in my head.
- I have a hard time finding words or remembering what I was saying if interrupted during a conversation.
- I get nervous or anxious when I have to learn something new like new software at work.
- When reading a book or watching a movie I find it harder to follow the plot than it used to be.
- I misplace my keys, wallet, or glasses frequently.
- I have trouble focusing during long conversations or meetings.
- I feel like my brain is just not functioning at its peak.

(MQ6)

- I eat animal protein (meat of any kind, chicken, dairy, cheese, eggs) more than 5 times per week.
- I eat more than one to two foods a week with hydrogenated fats (margarine, shortening, processed or packaged foods).
- I have servings of animal protein greater than four to six ounces (the size of the palm of your hand) at a meal.
- I eat less than one cup of dark green leafy vegetables a day.
- I have fewer than five to nine servings (one-half cup=1 serving) of fruits and vegetables a day.
- I have more than three alcoholic drinks a week.
- I have depression or depressed mood or other mood or behavioral disorders.
- I have a history of heart attack or other heart disease.
- I have a history of stroke.
- I have a history of cancer (especially colon, cervix, breast).
- I have a history of abnormal PAP tests (cervical dysplasia).
- I have a history of birth defects in offspring (spina bifida, neural tube defects, or Down syndrome).
- I have a history of dementia.
- I have a loss of balance sensation in my feet.
- I have a history of multiple sclerosis or other diseases with nerve damage.
- I have a history of carpal tunnel syndrome.
- I do not take a multiple vitamin.
- I am over sixty-five years old.

(VD7)



- I have seasonal affective disorder.
- I experience a loss of mental sharpness or memory.
- I have sore or weak muscles.
- I have tender bones (press on your shin bone—if it hurts you are likely vitamin D deficient).
- I work indoors.
- I avoid the sun.
- I wear sunblock most of the time.
- I live north of Florida.
- I don't eat small fatty fish such as mackerel, herring, sardines (the main source of dietary vitamin D).
- I have osteoporosis.
- I have broken more than two bones or had a hip fracture.
- I have autoimmune disease (I.e., multiple sclerosis).
- I have osteoarthritis.
- I have frequent infections.
- I have prostate cancer.
- I have dark skin (any race other than Caucasian).
- I am sixty years old or older.

(MGQ8)

- I have depression.
- I feel irritable a lot
- I have ADHD.
- I have autism.
- I am anxious much of the time
- I have insomnia or trouble falling asleep.
- I have muscle twitching.
- I have premenstrual syndrome.
- I have leg or hand cramps.
- I have restless leg syndrome.
- I have heart flutters, skipped beats or migraines.
- I have trouble swallowing.
- I have reflux.
- I am sensitive to loud noises.
- I feel fatigued.
- I have asthma.
- I have constipation (fewer than two bowel movements a day).
- I have excess stress.
- I have kidney stones.
- I have heart disease or heart failure.
- I have mitral valve prolapse.
- I have diabetes.
- I have a low intake of kelp, wheat bran or germ, almonds, cashews, buckwheat, and dark green leafy vegetables.

(ZQ9)



- I have impaired taste.
- I have impaired smell.
- I have weak nails (thin, brittle, or peeling).
- I have white spots on my nails.
- I have frequent colds or respiratory infections.
- I have diarrhea.
- I have eczema or other skin rashes.
- I have acne.
- My wounds heal poorly.
- I have allergies.
- I am losing my hair.
- I have dandruff.
- I have erectile dysfunction.
- I have an enlarged or inflamed prostate.
- I have inflammatory bowel disease (ulcerative colitis, Crohn's disease).
- I have rheumatoid arthritis.
- I consume hard water (which depletes zinc).
- I consume more than three alcoholic beverages per week.
- I sweat excessively.
- I have kidney or liver disease.
- I am over sixty-five.
- I use diuretics.
- I have a low intake of dulse (seaweed), fresh gingerroot, egg yolks, fish, kelp, lamb, legumes, pumpkins seeds.

(IQ10)

- I crave sweets, eat them, and though I get a temporary boost of energy and mood, I later crash.
- I have a family history of diabetes, hypoglycemia, or alcoholism.
- I get irritable, anxious, tired, and jittery or get headaches intermittently throughout the day but feel better temporarily after meals.
- I feel shaky two to three hours after a meal.
- I eat a low-fat diet and can't seem to lose weight.
- If I miss a meal, I feel cranky and irritable, weak, or tired.
- If I eat a carbohydrate breakfast (muffin, bagel, cereal, pancakes, etc.), I can't seem to control my eating for the rest of the day.
- Once I start eating sweets or carbs, I can't stop.
- If I eat fish or meat and vegetables, I feel good, but seem to get sleepy or feel "drugged" after eating a meal full of pasta, bread, potatoes, and dessert.
- I go for the bread basket at the restaurant.
- I get heart palpitations after eating sweets.
- I seem salt sensitive (I tend to retain water).
- I get panic attacks in the afternoon if I skip breakfast.
- I am often moody, impatient, or anxious.
- My memory and concentration is poor.

I QUIZ contd.



- Eating makes me calm.
- I get tired a few hours after eating.
- I get night sweats.
- I am tired most of the time.
- I have extra weight around the middle (waist 39 inches or greater).
- My hair thins in the places I don't want it to (if a woman, my body; if a man, my head) and it grows in the places it shouldn't (my face if I am a woman).
- I have polycystic ovarian syndrome or am infertile.
- I have high blood pressure.
- I have heart disease.
- I have type 2 diabetes.
- I have chronic fungal infections.

(TQ11)

- I have thick skin and fingernails.
- I have dry skin.
- My hair is thinning, I lose hair, or have coarse hair.
- I am sensitive to cold.
- I have cold hands and feet.
- I have muscle fatigue, pain and weakness.
- I have heavy menstrual bleeding, worsening of premenstrual syndrome, other menstrual problems, or infertility.
- My sex drive has decreased.
- I retain fluid (swelling of hands and feet).
- I feel fatigued (especially in the morning).
- I have low blood pressure and heart rate.
- I have trouble losing weight or recent weight gain.
- I have constipation.
- I am depressed and apathetic.
- I have autoimmune disease (rheumatoid arthritis, multiple sclerosis, or lupus are examples).
- I have celiac disease or am gluten-sensitive.
- I have been exposed to radiation treatments.
- I have been exposed to environmental toxins.
- I consume a lot of tuna, sushi, and/or have multiple dental silver fillings.
- I have a family history of thyroid problems.
- I drink chlorinated or fluoridated water.

NOTES

(INFQ12)



- I have seasonal or environmental allergies.
- I have food allergies or sensitivities or I don't feel well after eating (sluggishness, headaches, confusion, etc.).
- I work in an environment with poor lighting, chemicals, and/or poor ventilation.
- I am exposed to pesticides, toxic chemicals, loud noise, heavy metals, and/or toxic bosses and coworkers.
- I get frequent colds and infections.
- I have a history of chronic infections such as hepatitis, skin infections, canker sores, cold sores.
- I have sinusitis and allergies.
- I have bronchitis or asthma.
- I have dermatitis (eczema, acne, rashes).
- I suffer from arthritis (osteoarthritis/degenerative—wear and tear).
- I have autoimmune disease (rheumatoid arthritis, lupus, hypothyroidism, etc.)
- I have colitis or inflammatory bowel disease.
- I have irritable bowel syndrome (spastic colon).
- I have neuritis (problems like ADHD, autism, mood and behavior problems).
- I have heart disease or have had a heart attack.
- I have diabetes or am overweight.
- I have or my family has a history of Parkinson's or Alzheimer's.
- I have a stressful life.
- I drink more than three glasses of alcohol a week.
- I don't exercise more than thirty minutes three times a week.

(GQ13)

- I have a bloated or full feeling, and/or belching, burning, or flatulence right after meals.
- I have chronic yeast or fungal infections (jock itch, vaginal yeast infection, athlete's foot, toenail fungus).
- I feel nauseous after taking supplements.
- I feel fatigued after eating.
- I have heartburn.
- I regularly use antacids (Tums, Maalox, acid-blocking drugs, etc.)
- I have chronic abdominal pains.
- I have diarrhea.
- I have constipation (going less than once or twice a day).
- I have greasy, large, poorly formed, or foul-smelling stools.
- I find food that is not fully digested in my stool.
- I have food allergies, intolerance, or reactions.
- I have an intolerance to carbohydrates (eating bread or other sugars causes bloating).
- I have thrush (whitish tongue).
- I have anal itching.
- I have bleeding gums or gingivitis.
- I have geographic tongue (maplike rash on tongue indicating food allergy).
- I have sores on the tongue.
- I have canker sores.
- I crave sweets and bread.
- I drink more than three alcoholic beverages a week.

GQ 13 Contd.



- I have excessive stress.
- I frequently use or have frequently used antibiotics in the past (more than one to two times in three years).
- I have a history of NSAID (ibuprofen, naproxen, etc.) or other anti-inflammatory use.
- I have taken birth-control pills or hormone replacement.
- I have taken prednisone or cortisone.
- I have any of the following diseases or conditions:
 - autism
 - ADHA
 - Rosacea
 - acne after adolescence
 - eczema
 - psoriasis
 - celiac disease (gluten allergy)
 - chronic autoimmune diseases
 - chronic hives or urticaria • inflammatory bowel disease
 - irritable bowel syndrome • chronic fatigue syndrome • fibromyalgia

NOTES

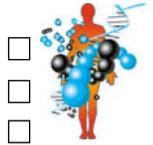
SHQ 14 For Women Only



- I have premenstrual syndrome.
- I have monthly weight fluctuation.
- I have edema, swelling, puffiness, or water retention.
- I feel bloated.
- I have headaches.
- I have mood swings.
- I have tender, enlarged breasts.
- I am depressed.
- I feel unable to cope with ordinary demands.
- I have backaches, joint, or muscle pain.
- I have PMS food cravings (especially sugar or salt).
- I have irregular cycles, heavy bleeding, or light bleeding.
- I am infertile.
- I use birth-control pills or other hormones.
- I have PMS migraines.
- I have breast cysts or lumps or fibrocystic breasts.
- I have a family history of breast, ovarian, or uterine cancer.
- I have uterine fibroids.
- I have perimenopausal symptoms (hot flashes, mood swings, headaches, irregular cycles, heavy bleeding, fluid retention breast tenderness, vaginal dryness, brain fog, muscle and joint pain, low sex drive, weight gain).
- I have hot flashes.
- I feel anxious.
- I have night sweats.
- I have insomnia.
- I have lost my sex drive.
- I have dry skin, hair, and/or vagina.
- I have heart palpitations.
- I have trouble with memory or concentration.
- I have bloating or weight gain around the middle.
- I have facial hair.
- I have been exposed to pesticides or heavy metals (in my food, water, and/or air).

NOTES

TOX Q 15



- I have hard, difficult-to-pass bowel movements every day or every other day.
- I am constipated and go only every other day or less often.
- I urinate small amounts of dark, strong-smelling urine only a few times a day.
- I almost never break a real sweat.
- I have one or more of the following symptoms:
 - fatigue • muscle aches • Headaches • Concentration and memory problems
- I have fibromyalgia or chronic fatigue syndrome.
- I drink unfiltered tap or well water or from plastic bottles.
- I dry clean my clothes.
- I work or live in a “tight” building with poor ventilation or windows that don’t open.
- I live in a large urban or industrial area.
- I use household or lawn and garden chemicals or get my house or apartment treated for bugs.
- I have mercury amalgams (silver fillings) in my teeth.
- I eat large fish (swordfish, tuna, shark, tilefish) more than once a week.
- I am bothered by one or more of the following:
 - Gasoline or diesel fumes • Perfumes • New car smells • Fabric stores • Dry cleaning • Hair spray • Other strong odors
 - Soaps • Detergents • Tobacco smoke • Chlorinated water
- I have a negative reaction when I consume foods containing MSG, sulfites (found in wine, cheese, bananas, chocolate, even a small amount of alcohol, garlic, or onions).
- When I drink caffeine I feel wired up, and also experience an increase in joint and muscle aches or have hypoglycemic symptoms (anxiety, palpitations, sweating, dizziness).
- I regularly consume any of the following substances or medications:
 - Acetaminophen (Tylenol) • Acid-blocking drugs (Tagamet, Zantac, Pepcid, Prilosec, Prevacid) • Hormone-modulating medications in pills, patches, or creams (birth-control pills, estrogen, progesterone, prostate medication) Ibuprofen or naproxen
 - Medications for colitis, Crohn’s disease, recurrent headaches, allergy symptoms, nausea, diarrhea, or indigestion.
- I have had jaundice (turning yellow) for any reason or I have been told I have Gilbert’s syndrome (an elevation of a liver test called bilirubin).
- I have a history of any of the following conditions:
 - Breast cancer • Smoking-induced lung cancer • Prostate problems • Food allergies, sensitivities, or intolerance's
- I have a family history of Parkinson’s, Alzheimer’s, ALS (amyotrophic lateral sclerosis) or other motor neuron diseases, or MS.

NOTES

OXIDQ 16



- I am fatigued on a regular basis.
- I get less than 7 or 8 hours sleep a night.
- I don't exercise regularly or I exercise more than 15 hours a week.
- I am sensitive to perfume, smoke, or other chemicals or fumes.
- I regularly experience deep muscle or joint pain.
- I am exposed to a significant level of environmental toxins (pollutants, chemicals, etc.) at home or at work.
- I smoke cigarettes or cigars (or any thing else).
- I am regularly exposed to secondhand smoke.
- I drink more than three alcoholic beverages a week.
- I don't use sunblock, or I like to bake in the sun or go to tanning booths.
- I take prescription, over-the-counter, and/or recreational drugs.
- I would rate my life as very stressful.
- I eat fried foods, margarine, or a lot of animal fat (meat, cheese, etc.)
- I eat white flour and sugar more than twice a week.
- I eat fewer than five servings of deeply colored vegetables and fruits a day.
- I have chronic colds and infections (cold sores, canker sores, etc.).
- I don't take an antioxidant-containing multivitamin.
- I am overweight (BMI more than 25 or waist size greater than 39 inches).
- I have diabetes or heart disease.
- I have arthritis or allergies.

ADRQ 17

- I have low blood pressure.
- I feel dizzy when I stand up.
- I have low blood sugar.
- I crave salt.
- I crave sweets.
- I have dark circles under my eyes.
- I have sleep problems (either falling asleep or staying asleep).
- I have non restorative sleep (don't feel reenergized).
- I have mental fogginess or trouble concentrating.
- I have headaches.
- I have frequent infections (catch colds easily).
- I don't tolerate exercise well and feel completely exhausted after.
- I feel stressed most of the time.
- I feel tired but wired.
- I retain water.
- I have panic attacks or am easily startled.
- I have heart palpitations.
- I need to start the day with caffeine.
- I have poor tolerance to alcohol, caffeine, and other drugs.
- I feel weak and shaky.
- My muscles are weak.



SCORES



FATTY ACID (FAQ1)	0 to 4 mild fatty acid def. 5-7 moderate def. 8 and above = severe def Test: Krill LE Fatty Acids all other EFA products
DOPAMINE QUIZ (DQ2)	0-2 slight low level of dopamine, 3-4 moderately low level of dopamine, 5 + severely low Test: EFA (3-6-9) L-Tyrosine 500 mg. Phenylalanine 500 mg. (NS) Balance-D (NS) ExcitaCor
SEROTONIN QUIZ (SQ3)	0-4 slightly low serotonin, 5-7 moderate, 8 and above, severely low levels Test: (NS) 5H TP 5HTP Spray (NS)Endo Plus (NS)AdreCOR
GABA QUIZ (GQ4)	0-2 slightly low level of GABA, 3-4 moderate, 5+ severe Test: GABA 500 mg. Theonine 200 mg. (NS) Endotrex 1 (NS) GABA Max (NS) Serene Plus (NS) Taurine
ACETYLCHOLINE QUIZ (AC5)	0-2 slightly low level of acetylcholine, 3-4 Moderate low levels, 5+ severe low levels Test: GPC - Glycerophosphocholine CDP - Choline
METHYLATION QUIZ (MQ6)	0-8 low-level problem w methylation, 9+ severe problem Test: HCL Detox CysNAC (NS) SAME B6,B12, Folic acid TMG NOTE: with CysNAC take 3 times as much buffered vitamin C.
VITAMIN D QUIZ (VD7)	0-8 slightly low level, 9+ severely low level of D def. Test: Xymogen D3
MAGNESIUM QUIZ (MGQ8)	0-12 slightly low level of def, 13+ severely low level of def Test: magnesium glycinate
ZINC QUIZ (ZQ9)	0-12 slightly low level of def, 13+ severely low level of zinc def Test: Zinc tally test
INSULIN QUIZ (IQ10)	0-7 mild insulin imbalance, 8-12 moderate insulin imbalance, 13+ severe imbalance Test:: Check NAC + Vitamin C, Resveratrol
THYROID QUIZ (TQ11)	0-7 slightly low thyroid, 8-11 moderately low, 12+ severely low level Test: Ocean Meds Thyro-T3 Thyro power
INFLAMMATION QUIZ (INFQ12)	0-6 low level of inflammation, 7-9 moderate inflammation, 10+ severe inflammation Test: EFA's Tumeric FLAMX (NS) LoraQuil (NS) Zyflamend (New Chapter) Bromelain enzymes, Resveratrol
GUT QUIZ (GQ13)	0-8 mild gut problem, 9-12 moderate gut problem, 13+ severe problem Test: Plant based enzymes Gastric Acid Saccharomyces boulgardii

All Xymogens products

RX: Xifaxin antibiotic



SHQ 14 For Women Only

0-9 mild hormone imbalance, 10-14 moderate, 15+ severe imbalance

TOX 15 Q

0-6 low level of toxicity, 7-9 moderate, 10+ severe

Test: Glutathione cream N-acetylcystine 500 mg Buffered C 1000mg
Milk Thistle Detoxamine

OXID Q 16

0-9 low level of oxidative stress, 10+ severe level

Test: EFA's Methylation support Resveratrol CoQ 10 B-Vitamins R-lipoic
(R-lipoic acid raised glutathione levels)
NAC SOD HCL Detox

ADRQ 17

0-7 mild adrenal function, 8-10 mild, 11+ severe

Test: all adrenal products

HEART:

NAC reduces Lp(a) levels as much as 70%