

Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

Name: _____ Age: _____ Sex: _____ Date: _____

*

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

SECTION: GENERAL

• Does your child have any food sensitivities or allergies? (please list)

• List your child's 4 healthiest foods eaten regularly.

_____, _____,

_____, _____

• List your child's 4 unhealthiest foods eaten regularly.

_____, _____,

_____, _____

• How many times a week does your child eat candy? _____

• How many times a week does your child drink soda pop? _____

•

Please list the top 4 foods your child craves regularly?

_____, _____,

_____, _____

• List the medication(s) your child is currently prescribed and over the counter.

• Do you find it difficult as a parent to have your child on a special diet?

SECTION: A (K52)

• Does your child eat pasta, breads, and breaded foods?

- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating wheat foods?
- Does your child eat dairy products?
- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating dairy products?

SECTION: B (K53)

- Does your child eat fried fish?
- Does your child eat roasted nuts or seeds?
- Is your child missing essential fatty acid rich foods in his/her diet?
(for example: avocados, flax seeds, olives) (mark "0" if present, "3" if missing)
- Does your child eat fried foods?

SECTION: C (K34)

- Is your child's mental speed slow?
- Does your child have difficulty with learning or memory?
- Does your child have difficulty with balance and coordination?

SECTION: D (K16)

- Does your child have stress?
- Does your child not have enough sleep and rest? (mark "3" if not enough)
- Does your child not have regular exercise? (mark "3" if no exercise)

- Does your child feel overly worried and scared?

SECTION: E (K16, K51)

- Does your child have temper tantrums?
- Does your child exhibit wild behavior?

- Does your child frequently yell or scream for unnecessary reasons?
- Does your child have an inability to nap or sleep when physically exhausted? (mark "3" if unable)
- Is your child overly talkative?
- Does your child fidget and squirm when seated?
- Does your child run and climb excessively when it is inappropriate?
- Does your child have difficulty playing quietly or engaging in leisure activities?

SECTION: F (K51)

- Does your child get excited easily?
- Does your child have anxiousness and panic for minor reasons?
- Does your child feel overwhelmed for minor reasons?
- Does your child find it difficult to relax when she/he is awake?
- Does your child have disorganized attention?

SECTION: G (K50)

- Does your child seem depressed?
- Does your child have mood changes with overcast weather?
- Does your child have symptoms of inner rage?
- Does your child seem uninterested in games or hobbies?
- Does your child have difficulty falling into deep restful sleep?
- Does your child seem uninterested in friendships?
- Does your child have symptoms of unprovoked anger?
- Does your child seem uninterested in eating?

SECTION: H (K49)

- Does your child have difficulty handling stress?

- Does your child have anger and aggression while being challenged?
- Does your child feel tired even after long sleeps?
- Does your child tend to isolate from others?
- Does your child get distracted easily?
- Does your child have constant need and desire for candy and sugar?
- Does your child have disorganized attention?

SECTION: I (K48)

- Does your child have difficulty with visual memory?
- Does your child have difficulty remembering locations?
- Does your child have fatigue or low endurance for learning activities?
- Does your child have difficulty with attention or low attention span or endurance?
- Does your child have slow or difficult speech?
- Does your child have uncoordinated or slow movement?

Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition.

For nutritional purposes only

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