

Patient Name _____

Date _____

Neurotransmitter Health Assessment

Please check the appropriate box numbered box (0 = never to 3 = frequently)

Overall Brain Function

	0	1	2	3
Is your memory noticeably declining				
Are you having a difficult time remembering names or numbers				
Is your ability to focus declining				
Has it become increasingly difficult to learn new things				
Do you have difficulty remembering your appointments				
Are you losing your overall attention span endurance				
Do you fatigue easily with ordinary tasks				
Are you losing your patience quicker than in the past				
Do you frequently walk in a room and forget what you needed				
Are you frequently misplacing things and cannot find them				

Brain Stress Function

	0	1	2	3
Do you frequently feel stressed or overwhelmed				
Do you constantly feel that you have obligations that must be met or things that need to be accomplished				
Do you feel that you never have enough time for yourself				
Do you feel that you are not getting enough rest or sleep				
Having difficulty to exercise regularly				
Do you feel uncared for by the people in your life				
Do you feel that you are not accomplishing your life=s purpose				
Is sharing your feelings or problems with others difficult for you				

SEROTONIN

	0	1	2	3
Are you losing pleasure with your interests or hobbies				
Do you feel overwhelmed with managing your daily routine				
How frequently do you feel inner rage or anger				
Do you experience feelings of paranoia				
How often to you experience sadness out of the blue				
How often do you feel like you are not enjoying your life				
Have difficulty expressing your creativity				
Experience depression with overcast weather or winter				
Losing interest in your favorite foods				
Experience loss of pleasure when with family and friends				
Have difficulty falling into a deep, restful sleep				
How often do you have dependency on others				
Experience an increase in susceptibility to pain				
Lack of interest in your work environment				
Lack of interest in others or even maintaining relationships				
Lack of interest in caring for self				

DOPAMINE

	0	1	2	3
Experience frequent feelings of hopelessness				
Experience feelings of worthlessness				
How often do you have self destructive thoughts				
How often to you over- react with losing your temper				
Experience anger and aggression while under stress				
How often do you have an inability to handle stress				
Experience exhaustion following long hours of restful sleep				
How often do you consume caffeine to stay alert				
How easily to become distracted from your obligations				
How often do you have an inability to complete tasks				
Experience unexplained lack of concern for family or friends				

How often do you isolate yourself from others				
Experiencing a decrease in sexual desire > low libido				

GABA

	0	1	2	3
Frequent feelings of being overwhelmed, anxious, or panicky				
Experience feelings of dread or impending doom				
How often do you experience knots in your stomach				
Frequently worry or obsess over the smallest of things				
Experience guilt over everyday decisions				
Frequently experience inner tension or inner excitability				
Have a restless mind and experience difficulty in turning it off				
Have a disorganized attention span				
Unable to relax				

ACETYLCHOLINE

	0	1	2	3
Experiencing memory lapses				
Do you feel that your visual acuity has decreased				
Has your verbal memory and/or vocabulary decreased				
Has your comprehension diminished				
Intellectually, are you experiencing a slower response				
Do you have difficulty calculating numbers				
Are you experiencing difficulty in recognizing faces or objects				
Have you noticed a decrease in your creative expression				
Do you feel differently about yourself due to these changes				
Are you experiencing frequent urination				

Voss Medicinal Healing

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