

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? _____

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, K60)

Does your child eat pasta, breads, and breaded foods? **0 1 2 3**

Does your child have symptoms (fatigue, hyperactivity, etc.) after eating foods containing wheat/gluten? **0 1 2 3**

Does your child consume dairy products? **0 1 2 3**

Does your child have symptoms (fatigue, hyperactivity, etc.) after consuming dairy products? **0 1 2 3**

SECTION: B (K54)

Does your child eat fried fish? **0 1 2 3**

Does your child eat roasted nuts or seeds? **0 1 2 3**

Is your child **missing** essential fatty acid-rich foods in his/her diet? (for example: avocados, flax seeds, olives) **0 1 2 3**
(circle "0" if present, "3" if missing)

Does your child eat fried foods? **0 1 2 3**

SECTION: C (K34)

Is your child's mental speed slow? **0 1 2 3**

Does your child have difficulty with learning or memory? **0 1 2 3**

Does your child have difficulty with balance and coordination? **0 1 2 3**

SECTION: D (K16)

Does your child have stress? **0 1 2 3**

Does your child **not** have enough sleep and rest? **0 1 2 3**
(circle "3" if not enough)

Does your child **not** have regular exercise? **0 1 2 3**
(circle "3" if no exercise)

Does your child feel overly worried and scared? **0 1 2 3**

SECTION: E (K16, K51)

Does your child have temper tantrums? **0 1 2 3**

Does your child exhibit wild behavior? **0 1 2 3**

Does your child frequently yell or scream for unnecessary reasons? **0 1 2 3**

Does your child have an **inability** to nap or sleep when physically exhausted? (circle "3" if unable) **0 1 2 3**

Is your child overly talkative? **0 1 2 3**

Does your child fidget and squirm when seated? **0 1 2 3**

Does your child run and climb excessively when it is inappropriate? **0 1 2 3**

Does your child have difficulty playing quietly or engaging in leisure activities? **0 1 2 3**

SECTION: F (K51)

Does your child get excited easily? **0 1 2 3**

Does your child have anxiousness and panic for minor reasons? **0 1 2 3**

Does your child feel overwhelmed for minor reasons? **0 1 2 3**

Does your child find it difficult to relax when he/she is awake? **0 1 2 3**

Does your child have disorganized attention? **0 1 2 3**

SECTION: G (K50)

Does your child seem depressed? **0 1 2 3**

Does your child have mood changes with overcast weather? **0 1 2 3**

Does your child have symptoms of inner rage? **0 1 2 3**

Does your child seem uninterested in games or hobbies? **0 1 2 3**

Does your child have difficulty falling into deep restful sleep? **0 1 2 3**

Does your child seem uninterested in friendships? **0 1 2 3**

Does your child have symptoms of unprovoked anger? **0 1 2 3**

Does your child seem uninterested in eating? **0 1 2 3**

SECTION: H (K49)

Does your child have difficulty handling stress? **0 1 2 3**

Does your child have anger and aggression while being challenged? **0 1 2 3**

Does your child feel tired even after long sleeps? **0 1 2 3**

Does your child tend to isolate from others? **0 1 2 3**

Does your child get distracted easily? **0 1 2 3**

Does your child have constant need and desire for candy and sugar? **0 1 2 3**

Does your child have disorganized attention? **0 1 2 3**

SECTION: I (K48)

Does your child have difficulty with visual memory? **0 1 2 3**

Does your child have difficulty remembering locations? **0 1 2 3**

Does your child have fatigue or low endurance for learning activities? **0 1 2 3**

Does your child have difficulty with attention or low attention span or endurance? **0 1 2 3**

Does your child have slow or difficult speech? **0 1 2 3**

Does your child have uncoordinated or slow movement? **0 1 2 3**

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