Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

Name:			Ag	ge	: _	Sex: Date:				_
* Please circle the appropriate number "0 - 3" on all question	ıs be	elov	v. 0	a	s th	ne least/never to 3 as the most/always.				
SECTION: GENERAL						·				
• Does your child have any food sensitivities or allergies? (please	se lis	st)				1				
						Does your child have an inability to nap or sleep when				
				_		physically exhausted? (mark "3" if unable)	0	1	2	3
• List your child's 4 healthiest foods eaten regularly.						Is your child overly talkative?	0	1	2	3
					,	Does your child fidget and squirm when seated?	0	1	2	3
- 1'11' 4 1 14' 46 1 4 1 1						Does your child run and climb excessively when it				
• List your child's 4 unhealthiest foods eaten regularly.						is inappropriate?	0	1	2	3
				,	,	Does your child have difficulty playing quietly or				
How many times a week does your child eat candy?				_		engaging in leisure activities?	0	1	2	3
How many times a week does your child drink soda pop?		_				SECTION: F (K51)				
• Please list the top 4 foods your child craves regularly?						• Does your child get excited easily?	0	1	2	3
					,	Does your child have anxiousness and panic for		-	_	
						minor reasons?	0	1	2	3
List the medication(s) your child is currently prescribed and over	er the	e co	unte	er.		Does your child feel overwhelmed for minor reasons?	0	1	2	3
				-		Does your child find it difficult to relax when she/he				
• Do you find it difficult as a parent to have your child on a spec	rial d	liet	?	_		is awake?	0	1	2	
- Do you find it difficult as a parent to have your clinic on a spec	Jai C		•			Does your child have disorganized attention?	0	1	2	3
SECTION. A (V.52)						SECTION: G (K50)				
• Does your child eat pasta, breads, and breaded foods?	0	1	2	2	2	Does your child seem depressed?	0	1	2	3
 Does your child eat pasta, breads, and breaded roots: Does your child have symptoms (fatigue, hyperactivity, etc.) 	U	1	4	J	,	Does your child have mood changes with				
after eating wheat foods?	0	1	2	3	3	overcast weather?	0	1	2	
• Does your child eat dairy products?	0	1	2			• Does your child have symptoms of inner rage?	0	1	2	
• Does your child have symptoms (fatigue, hyperactivity, etc.)						Does your child seem uninterested in games or hobbies?Does your child have difficulty falling into deep	0	1	2	3
after eating dairy products?	0	1	2	3	3	restful sleep?	0	1	2	3
SECTION, D (V52)						Does your child seem uninterested in friendships?	0	1		
• Does your child eat fried fish?	Λ	1	2	2	2	• Does your child have symptoms of unprovoked anger?	0	1	2	
• Does your child eat roasted nuts or seeds?			2			Does your child seem uninterested in eating?	0	1	2	3
• Is your child missing essential fatty acid rich foods in	v	•			,					
his/her diet? (for example: avocadoes, flax seeds, olives)						SECTION: H (K49)				
(mark "0" if present, "3" if missing)	0	1	2	3	3	Does your child have difficulty handling stress?	0	1	2	3
• Does your child eat <i>fried</i> foods?	0	1	2	3	3	Does your child have anger and aggression while heir a shallenged?	•	1	2	1
GEOGRAPH G. (WA.)						being challenged?Does your child feel tired even after long sleeps?	0	1 1	2	
SECTION: C (K34)						Does your child tend to isolate from others?	0	1	2	
 Is your child's mental speed slow? Does your child have difficulty with learning or memory?	0	1				Does your child get distracted easily?	0	1	2	
 Does your child have difficulty with learning of memory? Does your child have difficulty with balance and coordination? 	0	1	2 2	3		Does your child have constant need and desire for				
July 2007 2007 2007 2007 2007 2007 2007 200	U	1	4	J	,	candy and sugar?	0	1	2	3
SECTION: D (K16)						Does your child have disorganized attention?	0	1	2	3
• Does your child have stress?	0	1	2	3	3	CD CDVOV I (VIA)				
• Does your child not have enough sleep and rest?						SECTION: I (K48)	0	1	2	1
(mark "3" if not enough)	0	1	2	3	3	Does your child have difficulty with visual memory?Does your child have difficulty remembering locations?	0	1 1	2 2	
• Does your child not have regular exercise?		_	_			Does your child have fatigue or low endurance for	U	1	_	٠
(mark "3" if no exercise)	0		2			learning activities?	0	1	2	3
Does your child feel overly worried and scared?	U	1	2	3	,	Does your child have difficulty with attention or low				
<u>SECTION:</u> E (K16, K51)						attention span or endurance?	0	1	2	
• Does your child have temper tantrums?	0	1	2	3		Does your child have slow or difficult speech? Does your shild have presentinged or slow movement?	0	1	2	
Does your child exhibit wild behavior?	0	1	2	3	3	Does your child have uncoordinated or slow movement?	U	1	2	3
Does your child frequently yell or scream for	•		•	_						
unnecessary reasons?	U	1	2	- 3	•	T. Control of the Con				