Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

Name:			Αg	;e	:: –	Sex:	Date:				_
* Please circle the appropriate number "0 - 3" on all question	is be	elow	v. 0	a	s th	e least/never to 3 as the	most/always.				
SECTION: GENERAL											
Does your child have any food sensitivities or allergies? (pleas	se li:	st)			1	1					
						Does your child have	an inability to nap or sleep when				
							? (mark "3" if unable)	0	1	2	
List your child's 4 healthiest foods eaten regularly.						Is your child overly t	alkative?	0	1	2	
					. 7		et and squirm when seated?	0	1	2	
					-	Does your child run a	and climb excessively when it				
List your child's 4 unhealthiest foods eaten regularly.						is inappropriate?		0	1	2	
				-	-7		difficulty playing quietly or				
II					•	engaging in leisure a	ctivities?	0	1	2	r
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?		-				SECTION: F (K51				_	
riease list life top 4 roods your clinic craves regularly.						Does your child get of		v	1	Z	•
,					.,	•	anxiousness and panic for	Λ	1	2	
List the medication(s) your child is currently prescribed and over	er th	e cc	ount	er	•	minor reasons?	and the same of the second sec	_	1		
		_			_		overwhelmed for minor reasons? it difficult to relax when she/he	U	1	_	•
					_	is awake?	It difficult to relax when she/he	Λ	1	2	
Do you find it difficult as a parent to have your child on a spec	ial (diet	?		_		e disorganized attention?	_	1	-	
					-	Does your child have	cusorganized acception.	Ū	-	_	
SECTION: A (K52)						SECTION: G (K5				_	
Does your child eat pasta, breads, and breaded foods?	a	1	2		3	Does your child seem		0	1	2	,
Does your child have symptoms (fatigue, hyperactivity, etc.)	-	_	_		-	Does your child have	e mood changes with				
after eating wheat foods?	0	1	2		3	overcast weather?		U	1	2	
Does your child eat dairy products?			2			Does your child have	e symptoms of inner rage?	v	1		
Does your child have symptoms (fatigue, hyperactivity, etc.)							n uninterested in games or hobbies?	U	1	4	•
after eating dairy products?	0	1	2	-	3	1	e difficulty falling into deep	Λ	1	,	,
						restful sleep?	n uninterested in friendships?		1		
SECTION: B (K53)							e symptoms of unprovoked anger?	_	1		
Does your child eat fried fish?	0		2				n uninterested in eating?		1		
Does your child eat roasted nuts or seeds?	0	1	2		3	- Boes your clinic sees.	in timilerested in eating.	Ü	-	_	
Is your child missing essential fatty acid rich foods in						SECTION: H (K4	9)				
his/her diet? (for example: avocadoes, flax seeds, olives)	_	_			_		e difficulty handling stress?	0	1	2	
(mark "0" if present, "3" if missing)	0		2				e anger and aggression while				
Does your child eat fried foods?	0	1	2	•	3	being challenged?		0	1	2	2
SECTION. C (K24)						Does your child feel	tired even after long sleeps?	0	1	2	2
SECTION: C (K34) Is your child's mental speed slow?	Δ	1	•		2		to isolate from others?	0	1	2	
Does your child have difficulty with learning or memory?	0	1			3	Does your child get	distracted easily?	0	1	2	2
 Does your child have difficulty with balance and coordination? 	_	1 1	2		3	Does your child have	e constant need and desire for				
2 322 your rand man 2 and only first outside and occasionation.	U	1	2		.5	candy and sugar?		0	1	2	2
SECTION: D (K16)						Does your child have	e disorganized attention?	0	1	2	2
• Does your child have stress?	o	1	2		3						
Does your child not have enough sleep and rest?	-	-	_		-	SECTION: I (K48					
(mark "3" if not enough)	0	1	2		3	· ·	e difficulty with visual memory?		1		2
• Does your child not have regular exercise?	-	-				-	e difficulty remembering locations?	0	1	2	2
(mark "3" if no exercise)	0	1	2		3	-	e fatigue or low endurance for	_			
Does your child feel overly worried and scared?	0	1	2		3	learning activities?	1100 1. 1.1.	0	1	2	2
•							e difficulty with attention or low				
SECTION: E (K16, K51)						attention span or end		0	1	2	
 Does your child have temper tantrums? 	0	1	2		3	-	e slow or difficult speech?	0	1		2
 Does your child exhibit wild behavior? 	0	1	2		3	Does your child hav	e uncoordinated or slow movement?	U	1	4	2
 Does your child frequently yell or scream for 											
unnecessary reasons?	A	1	2.		3	1					