

# Brain Health and Nutrition Assessment Form™ (BHNAF)

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

## SECTION 9

- A diagnosis of celiac disease, gluten sensitivity, hypothyroidism, or an autoimmune disease **Yes or No**
- Family members who have been diagnosed with an autoimmune disease **Yes or No**
- Family members who have been diagnosed with celiac disease or gluten sensitivity **Yes or No**
- Changes in brain function with stress, poor sleep, or immune activation **0 1 2 3**

## SECTION 10

- A loss of pleasure in hobbies and interests **0 1 2 3**
- Feel overwhelmed with ideas to manage **0 1 2 3**
- Feelings of inner rage or unprovoked anger **0 1 2 3**
- Feelings of paranoia **0 1 2 3**
- Feelings of sadness for no reason **0 1 2 3**
- A loss of enjoyment in life **0 1 2 3**
- A lack of artistic appreciation **Yes or No**
- Feelings of sadness in overcast weather **0 1 2 3**
- A loss of enthusiasm for favorite activities **0 1 2 3**
- A loss of enjoyment in favorite foods **0 1 2 3**
- A loss of enjoyment in friendships and relationships **0 1 2 3**
- Inability to fall into deep, restful sleep **0 1 2 3**
- Feelings of dependency on others **0 1 2 3**
- Feelings of susceptibility to pain **0 1 2 3**

## SECTION 11

- Feelings of worthlessness **0 1 2 3**
- Feelings of hopelessness **0 1 2 3**
- Self-destructive thoughts **0 1 2 3**
- Inability to handle stress **0 1 2 3**
- Anger and aggression while under stress **0 1 2 3**
- Feelings of tiredness, even after many hours of sleep **0 1 2 3**
- A desire to isolate yourself from others **0 1 2 3**
- An unexplained lack of concern for family and friends **0 1 2 3**
- An inability to finish tasks **0 1 2 3**
- Feelings of anger for minor reasons **0 1 2 3**

## SECTION 12

- A decrease in visual memory (shapes and images) **Yes or No**
- A decrease in verbal memory **0 1 2 3**
- Occurrence of memory lapses **0 1 2 3**
- A decrease in creativity **0 1 2 3**
- A decrease in comprehension **0 1 2 3**
- Difficulty calculating numbers **0 1 2 3**
- Difficulty recognizing objects and faces **0 1 2 3**
- A change in opinion about yourself **0 1 2 3**
- Slow mental recall **0 1 2 3**

## SECTION 13

- A decrease in mental alertness **0 1 2 3**
- A decrease in mental speed **0 1 2 3**
- A decrease in concentration quality **0 1 2 3**
- Slow cognitive processing **0 1 2 3**
- Impaired mental performance **0 1 2 3**
- An increase in the ability to be distracted **0 1 2 3**
- Need coffee or caffeine sources to improve mental function **0 1 2 3**

## SECTION 14

- Feelings of nervousness or panic for no reason **0 1 2 3**
- Feelings of dread **0 1 2 3**
- Feelings of a "knot" in your stomach **0 1 2 3**
- Feelings of being overwhelmed for no reason **0 1 2 3**
- Feelings of guilt about everyday decisions **0 1 2 3**
- A restless mind **0 1 2 3**
- An inability to turn off the mind when relaxing **0 1 2 3**
- Disorganized attention **0 1 2 3**
- Worry over things never thought about before **0 1 2 3**
- Feelings of inner tension and inner excitability **0 1 2 3**