Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

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Name:			Ag	;e: _	Sex: Date:		
* Please circle the appropriate number "0 - 3" on all question	is be	low	<i>.</i> 0	as tl	e least/never to 3 as the most/always.		
ECTION: GENERAL							
Does your child have any food sensitivities or allergies? (pleas	se lis	t)					
					• Does your child have an inability to nap or sleep when		
				_	physically exhausted? (mark "3" if unable)	0)
• List your child's 4 healthiest foods eaten regularly.				 Is your child overly talkative? 	0		
,				,	• Does your child fidget and squirm when seated?	0)
,					 Does your child run and climb excessively when it 		
List your child's 4 unhealthiest foods eaten regularly.					is inappropriate?	0)
,,				,	• Does your child have difficulty playing quietly or		
,,					engaging in leisure activities?	0)
How many times a week does your child eat candy?							
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)
,				,	Does your child have anxiousness and panic for		
,, _,, _					minor reasons?	0)
• 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)
				_	• 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		liet')		is awake?	0	
bo you find it difficult as a parent to have your clinid on a spee	iai u	net	•		• Does your child have disorganized attention?	0)
					SECTION: G (K50)		
ECTION: A (K52)					• Does your child seem depressed?	0)
Does your child eat pasta, breads, and breaded foods?	0	1	2	3	• Does your child have mood changes with		
Does your child have symptoms (fatigue, hyperactivity, etc.)					overcast weather?	0)
after eating wheat foods?			2		• Does your child have symptoms of inner rage?	0)
Does your child eat dairy products?	0	1	2	3	• Does your child seem uninterested in games or hobbies?	0	J
Does your child have symptoms (fatigue, hyperactivity, etc.)	0	1	•	2	• Does your child have difficulty falling into deep		
after eating dairy products?	0	I	2	3	restful sleep?	0	J
ECTION: B (K53)					• Does your child seem uninterested in friendships?	0	J
Does your child eat fried fish?	0	1	2	3	• Does your child have symptoms of unprovoked anger?	0)
Does your child eat roasted nuts or seeds?	0	1	2	3	• Does your child seem uninterested in eating?	0	J
Is your child missing essential fatty acid rich foods in							
his/her diet? (for example: avocadoes, flax seeds, olives)					<u>SECTION: H (K49)</u>		
(mark "0" if present, "3" if missing)	0	1	2	3	• Does your child have difficulty handling stress?	0	J
Does your child eat <i>fried</i> foods?	0	1	2	3	• Does your child have anger and aggression while		
					being challenged?	0	
ECTION: C (K34)					• Does your child feel tired even after long sleeps?	(
Is your child's mental speed slow?	0	1	2	3	• Does your child tend to isolate from others?	0	
Does your child have difficulty with learning or memory?		1	2	3	Does your child get distracted easily?	0	•
Does your child have difficulty with balance and coordination?	0	1	2	3	• Does your child have constant need and desire for		1
					candy and sugar?Does your child have disorganized attention?	0	ĺ
ECTION: D (K16)					• Does your ennu have disorganized attention?	U	
Does your child have stress?	0	1	2	3	SECTION: I (K48)		
Does your child not have enough sleep and rest?	•			•	• Does your child have difficulty with visual memory?	0)
(mark "3" if not enough)	0	1	2	3	 Does your child have difficulty remembering locations? 		
Does your child not have regular exercise?	0	1	2	2	 Does your child have fatigue or low endurance for 		
(mark "3" if no exercise)		1 1	2	3	learning activities?	0	J
Does your child feel overly worried and scared?	0	1	2	3	• Does your child have difficulty with attention or low		
<u>ECTION: E (K16, K51)</u>					attention span or endurance?	0	J
Does your child have temper tantrums?	0	1	2	3	• Does your child have slow or difficult speech?	0	
Does your child exhibit wild behavior?					• Does your child have uncoordinated or slow movement?	0	J
Does your child frequently yell or scream for							
	•	4	•	2			

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

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unnecessary reasons?