Brain Health and Nutrition Assessment Form[™] (BHNAF)

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Age: _____ Sex: _____ Date: _____

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

SECTION 1

Low brain endurance for focus and concentration	0 1 2 3
Cold hands and feet	0 1 2 3
• Must exercise or drink coffee to improve brain function	0 1 2 3
Poor nail health	0 1 2 3
Fungal growth on toenails	0 1 2 3
• Must wear socks at night	0 1 2 3
• Nail beds are white instead of pink	0 1 2 3
• The tip of the nose is cold	0 1 2 3

SECTION 2

• Irritable, nervous, shaky, or light-headed between meals	0	1	2	3
• Feel energized after meals	0	1	2	3
• Difficulty eating large meals in the morning	0	1	2	3
• Energy level drops in the afternoon	0	1	2	3
• Crave sugar and sweets in the afternoon	0	1	2	3
• Wake up in the middle of the night	0	1	2	3
• Difficulty concentrating before eating	0	1	2	3
Depend on coffee to keep going	0	1	2	3

SECTION 3

• Fatigue after meals	0	1	2	3
• Sugar and sweet cravings after meals	0	1	2	3
• Need for a stimulant, such as coffee, after meals	0	1	2	3
Difficulty losing weight	0	1	2	3
Increased frequency of urination	0	1	2	3
Difficulty falling asleep	0	1	2	3
Increased appetite	0	1	2	3

SECTION 4

• Always have projects and things that need to be done	0	1	2	3
• Never have time for yourself	0	1	2	3
• Not getting enough sleep or rest	0	1	2	3
Difficulty getting regular exercise	0	1	2	3
• Feel that you are not accomplishing your life's purpose	0	1	2	3

SECTION 5

• Dry and unhealthy skin	0	1	2	3
• Dandruff or a flaky scalp	0	1	2	3
 Consumption of processed foods that are bagged or boxed 	0	1	2	3
Consumption of fried foods	0	1	2	3
• Difficulty consuming raw nuts or seeds	0	1	2	3
• Difficulty consuming fish (not fried)	0	1	2	3
• Difficulty consuming olive oil, avocados, flax seed oil, or natural fats	0	1	2	3
SECTION 6				
Difficulty digesting foods	0	1	2	3
Constipation or inconsistent bowel movements	0	1	2	3
Increased bloating or gas	0	1	2	3
Abdominal distention after meals	0	1	2	3
Difficulty digesting protein-rich foods	0	1	2	3
Difficulty digesting starch-rich foods	0	1	2	3
• Difficulty digesting fatty or greasy foods	0	1	2	3
• Difficulty swallowing supplements or large bites of food	0	1	2	3
• Abnormal gag reflex		es o	or I	No

SECTION 7

• Brain fog (unclear thoughts or concentration)	Yes or No
Pain and inflammation	Yes or No
• Noticeable variations in mental speed	Yes or No
Brain fatigue after meals	0 1 2 3
• Brain fatigue after exposure to chemicals, scents, or pollutants	0 1 2 3
• Brain fatigue when the body is inflamed	0 1 2 3

SECTION 8

Grain consumption leads to tiredness	0 1 2 3
• Grain consumption makes it difficult to focus and concentrate	0 1 2 3
• Feel better when bread and grains are avoided	0 1 2 3
• Grain consumption causes the development of any symptoms	0 1 2 3
• A 100% gluten-free diet	Yes or No

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

SECTION 9

<u>SECTION /</u>	
 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	
• Feelings of dependency on others	

Feelings of susceptibility to pain

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

0 1 2 3 0 1 2 3 0 1 2 3

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