

Brain Health and Nutrition Assessment Form™ (BHNAF)

Name: _____ 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 Yes or 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

- 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