

Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

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: GENERAL DIET

- Does your child have any food sensitivities or allergies? (If yes, please list)

- List your child's 4 healthiest foods eaten during the average week.

- List your child's 4 unhealthiest foods eaten during the average week.

- How many times does your child eat candy per week? _____
- How many times does your child drink soda per week? _____
- List the top 4 foods your child craves regularly.

- List the medication(s) your child is currently prescribed and any over-the-counter products used. _____
- Do you find it difficult to have your child on a special diet?

SECTION A

- Does your child eat pasta, breads, and breaded foods? 0 1 2 3
- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating foods containing wheat/gluten? 0 1 2 3
- Does your child consume dairy products? 0 1 2 3
- Does your child have symptoms (fatigue, hyperactivity, etc.) after consuming dairy products? 0 1 2 3

SECTION B

- Does your child eat fried fish? 0 1 2 3
- Does your child eat roasted nuts or seeds? 0 1 2 3
- Is your child missing essential fatty acid-rich foods in his/her diet? (for example: avocados, flax seeds, olives) 0 1 2 3
(circle "0" if present, "3" if missing)
- Does your child eat fried foods? 0 1 2 3

SECTION C

- Is your child's mental speed slow? 0 1 2 3
- Does your child have difficulty with learning or memory? 0 1 2 3
- Does your child have difficulty with balance and coordination? 0 1 2 3

SECTION D

- Does your child have stress? 0 1 2 3
- Does your child not have enough sleep and rest? 0 1 2 3
(circle "0" if enough, "3" if not enough)
- Does your child not have regular exercise? 0 1 2 3
(circle "0" if regular exercise, "3" if no exercise)
- Does your child feel overly worried and scared? 0 1 2 3

SECTION E

- Does your child have temper tantrums? 0 1 2 3
- Does your child exhibit wild behavior? 0 1 2 3

- Does your child frequently yell or scream for unnecessary reasons? 0 1 2 3
- Does your child have an inability to nap or sleep when physically exhausted? (circle "0" if able, "3" if unable) 0 1 2 3
- Is your child overly talkative? 0 1 2 3
- Does your child fidget and squirm when seated? 0 1 2 3
- Does your child run and climb excessively? 0 1 2 3
- Does your child have difficulty playing quietly or engaging in leisure activities? 0 1 2 3

SECTION F

- Does your child get excited easily? 0 1 2 3
- Does your child have anxiety and panic for minor reasons? 0 1 2 3
- Does your child feel overwhelmed for minor reasons? 0 1 2 3
- Does your child find it difficult to relax when he/she is awake? 0 1 2 3
- Does your child have disorganized attention? 0 1 2 3

SECTION G

- Does your child seem depressed? 0 1 2 3
- Does your child have mood changes with overcast weather? 0 1 2 3
- Does your child have symptoms of inner rage? 0 1 2 3
- Does your child seem uninterested in games or hobbies? 0 1 2 3
- Does your child have difficulty falling into deep, restful sleep? 0 1 2 3
- Does your child seem uninterested in friendships? 0 1 2 3
- Does your child have unprovoked anger? 0 1 2 3
- Does your child seem uninterested in eating? 0 1 2 3

SECTION H

- Does your child have difficulty handling stress? 0 1 2 3
- Does your child have anger and aggression while being challenged? 0 1 2 3
- Does your child feel tired even after many hours of sleep? 0 1 2 3
- Does your child tend to isolate himself/herself from others? 0 1 2 3
- Does your child get distracted easily? 0 1 2 3
- Does your child have a constant need and desire for candy and sugar? 0 1 2 3
- Does your child have disorganized attention? 0 1 2 3

SECTION I

- Does your child have difficulty with visual memory (shapes and images)? 0 1 2 3
- Does your child have difficulty remembering locations? 0 1 2 3
- Does your child have fatigue or low endurance for learning activities? 0 1 2 3
- Does your child have difficulty with attention or a short attention span? 0 1 2 3
- Does your child have slow or difficult speech? 0 1 2 3
- Does your child have uncoordinated or slow movements? 0 1 2 3

Symptom groups listed on this form are not intended to be used as a diagnosis of any disease or condition.

CONSENT TO TREATMENT OF MINOR

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of

_____, a minor, do hereby authorize
(Name of Minor)

_____ as agent(s) for the undersigned
(Name of Agent)

to consent to any x-ray, examination, and chiropractic diagnosis or treatment, which is deemed advisable by a licensed chiropractor, be rendered under the general or special supervision of any licensed chiropractor.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis and treatment which chiropractor, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization shall remain effective until _____, 20_____,
(Month and Day) (Year)

unless sooner revoked in writing delivered to the agent(s) noted above.

Date _____

Signature _____
(Parent/legal guardian/person having legal custody) (circle relationship)

Signature _____
(Parent)

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