

# Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

Fill this form out instead of the metabolic assessment form and neurotransmitter form only if you are age 12 or under

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ( M / F ) Date: \_\_\_\_\_

Please circle the appropriate number "0 - 3" on all questions below.

0 as the least/never to 3 as the most/always.

## SECTION: GENERAL

Does your child have any food sensitivities or allergies? ( Y / N )  
(please list)

\_\_\_\_\_

List your child's 4 healthiest foods eaten regularly.

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

List your child's 4 unhealthiest foods eaten regularly.

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

How many times a week does your child eat candy? \_\_\_\_\_

How many times a week does your child drink soda pop? \_\_\_\_\_

Please list the top 4 foods your child craves regularly?

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

List the medication(s) your child is currently prescribed and over the counter.

\_\_\_\_\_

Do you find it difficult as a parent to have your child on a special diet?  
..... ( Y / N )

## SECTION: A (K52)

Does your child eat pasta, breads, and breaded foods? ..... 0 1 2 3

Does your child have symptoms (fatigue, hyperactivity, etc.) 0 1 2 3

after eating wheat foods? ..... 0 1 2 3

Does your child eat dairy products? ..... 0 1 2 3

Does your child have symptoms (fatigue, hyperactivity, etc.)

after eating dairy products? ..... 0 1 2 3

## SECTION: B (K53)

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)

(mark "0" if present, "3" if missing) ..... 0 1 2 3

Does your child eat fried foods? ..... 0 1 2 3

## SECTION: C (K34)

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 (K16)

Does your child have stress? ..... 0 1 2 3

Does your child not have enough sleep and rest?

(mark "3" if not enough) ..... 0 1 2 3

Does your child not have regular exercise?

(mark "3" if no exercise) ..... 0 1 2 3

Does your child feel overly worried and scared? ..... 0 1 2 3

## SECTION: E (K16, K51)

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?

(mark "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 when it is

inappropriate? ..... 0 1 2 3

Does your child have difficulty playing quietly or engaging

in leisure activities? ..... 0 1 2 3

## SECTION: F (K51)

Does your child get excited easily? ..... 0 1 2 3

Does your child have anxiousness 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 she/he is awake?

..... 0 1 2 3

Does your child have disorganized attention? ..... 0 1 2 3

## SECTION: G (K50)

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 symptoms of unprovoked anger? ..... 0 1 2 3

Does your child seem uninterested in eating? ..... 0 1 2 3

## SECTION: H (K49)

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 long sleeps? ..... 0 1 2 3

Does your child tend to isolate from others? ..... 0 1 2 3

Does your child get distracted easily? ..... 0 1 2 3

Does your child have constant need and desire for candy

and sugar? ..... 0 1 2 3

Does your child have disorganized attention? ..... 0 1 2 3

## SECTION: I (K48)

Does your child have difficulty with visual memory? ..... 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 low attention

span or endurance? ..... 0 1 2 3

Does your child have slow or difficult speech? ..... 0 1 2 3

Does your child have uncoordinated or slow movement? ..... 0 1 2 3

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_