

# Endorphin/Enkephalin Deficiency Questionnaire

If you answer "yes" to any of the following questions, enter the number of points indicated in the blank space to the right. Enter 0 (zero) if you answer "no".

1. Are heroin, Darvon, codeine, methadone Oxycontin, and/or other opiates such as heroin your drugs of choice? If *yes*, 5 points. \_\_\_\_\_
2. Have you ever had difficulty stopping the use of painkilling drugs such as codeine, Darvon, methadone, or other opioids? If *yes*, 3 points. \_\_\_\_\_
3. Do you use drugs or alcohol to carve out a respite or "time out" from a very busy, active life? If *yes*, 4 points. \_\_\_\_\_
4. Have you ever been diagnosed with Post-Traumatic-Stress Disorder (PTSD)? If *yes*, 5 points. \_\_\_\_\_
5. Are you troubled by chronic pain, such as back pain, headaches, etc.? If *yes*, 1 points. \_\_\_\_\_
6. Do you have difficulty enjoying pleasurable experiences much of the time (and not just when you're feeling down)? If *yes*, 1 points. \_\_\_\_\_
7. Do you have a low pain tolerance? If *yes*, 3 points. \_\_\_\_\_

**Total:** \_\_\_\_\_

**Total of 10 to 13 points:** You are *probably* endorphin-deficient.

**Total of 14 or more points:** You are *very probably* endorphin-deficient.

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