

# GABA 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 sedatives, sleeping pills, or "downers" your drug of choice? If *yes*, 5 points. \_\_\_\_\_
2. Is alcohol your drug of choice? If *yes*, 2 points. \_\_\_\_\_
3. Does alcohol relax you or help you to sleep? If *yes*, 4 points. \_\_\_\_\_
4. Have you ever obtained relief from symptoms of anxiety by taking prescription drugs such as Ativan, Klonopin, Valium, Xanax, or by taking sedatives? If *yes*, 5 points. \_\_\_\_\_
5. Do you often have symptoms such as headaches, irritability, and/or dizziness when you go four hours or more without food? If *yes*, 5 points. \_\_\_\_\_
6. Do you have a history of panic attacks or severe anxiety? If *yes*, 3 points. \_\_\_\_\_
7. Do you have a tendency to be thin or underweight? If *yes*, 2 points. \_\_\_\_\_
8. Do you have problems sleeping, especially falling asleep? If *yes*, 2 points. \_\_\_\_\_
9. Do you have sugar cravings? If *yes*, 2 points. \_\_\_\_\_
10. Is there a history of anxiety or panic disorders in your family? If *yes*, 2 points. \_\_\_\_\_

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

**Total of 12 to 15 points:** You are *probably* GABA-deficient.

**Total of 16 or more points:** You are *very probably* GABA-deficient.

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