

## Serotonin 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. Is alcohol your drug of choice? If *yes*, 3 points. \_\_\_\_\_
2. If you have used marijuana, does it have a relaxing effect on you? If *yes*, 2 points. \_\_\_\_\_
3. Have you ever obtained relief from symptoms of depression by taking prescription antidepressants, such as Prozac, Paxil, or Zoloft? If *yes*, 5 points. \_\_\_\_\_
4. Have you ever gotten relief from your symptoms by taking 5HTP or the amino acid tryptophan? If *yes*, 5 points. \_\_\_\_\_
5. Does eating high-sugar foods or processed carbohydrates relax you and/or relieve your irritability and anger? If *yes*, 4 points. \_\_\_\_\_
6. Do you often have the sense that you're "out of sync" or not attuned to what's going on around you, and that a few drinks gets you "reconnected?" If *yes*, 2 points. \_\_\_\_\_
7. Do you have a history of angry and irritable depression? If *yes*, 2 points. \_\_\_\_\_
8. Do you have a regular pattern of unexplained rages or a history of explosive or assaultive behavior? If *yes*, 3 points. \_\_\_\_\_
9. Do you have a history of sleep problems, especially waking up early and not being able to get back to sleep? If *yes*, 2 points. \_\_\_\_\_
10. Is there a history of depression in your family? If *yes*, 2 points. \_\_\_\_\_
11. Do you often experience symptoms of gastrointestinal distress, including gas, bloating, loose stools, constipation, and/or abdominal discomfort? If *yes*, 3 points. \_\_\_\_\_

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

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

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

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