

SEROTONIN DEFICIENCY QUESTIONNAIRE

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Chronic depression may be the most common presenting symptom of gluten sensitivity and celiac disease. Serotonin deficiency, common among food allergic and gluten sensitive individuals, is a leading underlying biochemical cause of depression . . . and a multitude of other allergy/gluten-related symptoms.

ARE YOU SEROTONIN DEFICIENT?

Questions to help determine your brain Serotonin Status

0 = never

1 = occasionally, but not severe;

2 = occasionally & severe;

3 = frequently, but not severe;

4 = frequently & severe

Please circle the number that best represents your condition. Any positive response may indicate a deficiency in the key brain neurotransmitter, SEROTONIN. However, most deficient individuals will answer "yes" to several or many of these questions. A total score of 40 or more may indicate significant serotonin deficiency.

Do you suffer from any of the following conditions?

1	Irritability?	0	1	2	3	4
2	Agitated, flustered, angry and/or upset?	0	1	2	3	4
3	Temper tantrums?	0	1	2	3	4
4	Antisocial feelings or tendencies?	0	1	2	3	4
5	Fear that you will say or do something that will embarrass or humiliate yourself when with others?	0	1	2	3	4
6	Fear that others will notice that you are nervous?	0	1	2	3	4
7	Typically avoid speaking to small groups or chatting over lunch with friends or associates?	0	1	2	3	4
8	Intense distress or anxiousness when speaking to small groups of people?	0	1	2	3	4
9	Impulsive, outward aggressiveness?	0	1	2	3	4
10	Have been in at least one physical fight since I was 18 years old?	0	1	2	3	4
11	Impatience, given to acting impulsively?	0	1	2	3	4
12	Physical risk taking?	0	1	2	3	4
13	Psychological stress?	0	1	2	3	4
14	Do you handle stress well?	0	1	2	3	4
15	Anxiousness, nervousness?	0	1	2	3	4
16	Panic attacks?	0	1	2	3	4
17	Moodiness, moods that are highly changeable?	0	1	2	3	4
18	Suffer from frequent depression or sadness for no apparent reason?	0	1	2	3	4
19	Intentionally injured or physically hurt myself?	0	1	2	3	4
20	Felt suicidal at different times in my life?	0	1	2	3	4
21	Have disagreeable thoughts or impulses that I have trouble controlling?	0	1	2	3	4
22	Very sensitive to criticism, disapproval or rejection?	0	1	2	3	4
23	Hypersensitive to anger and sadness I feel in myself?	0	1	2	3	4
24	Insomnia, restless sleep, frequent awakenings?	0	1	2	3	4
25	Have a "night owl" pattern of sleep (prefer later bedtime)?	0	1	2	3	4
26	Tend to be overly dependent in my significant relationships?	0	1	2	3	4
27	Over-consumption of alcohol, tendency towards alcohol abuse? (Do you have a close relative who has been arrested for drunk driving, acts of violence, or been diagnosed as alcoholic or drug addictive? Yes ___ No ___ Don't Know ___)	0	1	2	3	4

28	Alcohol cravings, especially after hard day's work or periods of stress?	0	1	2	3	4
29	Once I start drinking, I have difficulty limiting myself to only one or two drinks?	0	1	2	3	4
30	Anger, aggressiveness and/or violence when drinking?	0	1	2	3	4
31	"Fearlessness" after a few alcoholic drinks?	0	1	2	3	4
32	Am smoking cigarettes or cigars daily?	0	1	2	3	4
33	Sweat less than most people?	0	1	2	3	4
34	Engage in binge eating?	0	1	2	3	4
35	Cravings for carbohydrates, sweets and/or chocolate?	0	1	2	3	4
36	Think about food a lot and overeat?	0	1	2	3	4
37	Suffer from symptoms of low blood sugar or hypoglycemia?	0	1	2	3	4
38	Suffer from anorexia nervosa or other "eating disorders"?	0	1	2	3	4
39	Strong craving or preference for fatty foods?	0	1	2	3	4
40	Am taking appetite-suppressing medication to lose weight?	0	1	2	3	4
41	Am on a low fat, low cholesterol diet?	0	1	2	3	4
42	Presently taking a cholesterol-lowering medication?	0	1	2	3	4
43	Have very low blood total cholesterol (under 150 mg/dL)?	0	1	2	3	4
44	Suffer from a chronic inflammatory bowel or intestinal disease (Crohn's disease, ulcerative colitis, chronic diarrhea, e.g.)?	0	1	2	3	4
45	Suffer from gluten cereal (wheat, rye) sensitivity or celiac disease? (Have a brother, sister or parent with celiac disease? Yes ___ No ___ Don't Know ___)	0	1	2	3	4
46	Overweight, excessively fat?	0	1	2	3	4
47	Feel noticeably better on sunny days and/or worse under conditions of light deprivation (overcast, winter days, e.g.)?	0	1	2	3	4
48	Have a low tolerance for heat?	0	1	2	3	4
49	Have chronic pain for more than 3 months duration?	0	1	2	3	4
50	Suffer from recurring migraine headaches?	0	1	2	3	4
51	Suffer from fibromyalgia (tender spots on muscles of neck, shoulders, back, hips, and/or legs associated with fatigue, sleep disorder, rhinitis)?	0	1	2	3	4
52	Have significantly more frequent sex or sexual partners than is usual among my peers?	0	1	2	3	4
53	Suffer from curvature of the spine (scoliosis)?	0	1	2	3	4
54	FOR MEN ONLY: Suffer from premature ejaculation during sexual intercourse?	0	1	2	3	4
55	FOR WOMEN ONLY: Suffer from premenstrual syndrome?	0	1	2	3	4
	TOTAL SCORE					

If your score exceeds 49, you may be suffering from significant serotonin deficiency (commonly found in food allergic and/or gluten sensitive individuals) and serotonin restoration therapy may be indicated.

RECOMMENDATION: *As a means of monitoring success of therapy, fill out this Serotonin Deficiency Questionnaire monthly. As your total score comes down, this is a good indication that the therapy is working and your brain serotonin levels are improving.*