



## Brain and Body Chemistry Assessment

The first goal in your Nutrition Program is to stop your food cravings, address your eating and weight problems, eliminate mood swings and negative obsessions about your body. To do this we have to determine what is causing these problems.

This questionnaire will help you identify imbalances in your brain and body chemistry. *Circle the number next to any symptom that applies to you and calculate your score.* I will tell you exactly what to do to correct your imbalances and clear away your symptoms.

### 1. Is depleted brain chemistry the problem?

- 4 Sensitivity to emotional (or physical) pain; cry easily
- 4 Eat as a reward or for pleasure, comfort, or numbness
- 4 Worry, anxiety, phobia, or panic
- 4 Difficulty getting to sleep or staying asleep
- 3 Difficulty with focus, attention deficits
- 2 Low energy, drive, and arousal
- 4 Obsessive thinking or behavior
- 4 Inability to relax after tension, stress
- 3 Depression, negativity
- 4 Low self-esteem, lack of confidence
- 4 More mood and eating problems in winter or at the end of the day
- 3 Irritability, anger
- 4 Use alcohol or drugs to improve mood

**Total Score** \_\_\_\_\_

### 2. Are you suffering because of low-calorie dieting?

- 4 Increased cravings for and focus on food; overeating
- 4 Regain weight after dieting, more than was lost
- 3 Increased moodiness, irritability, anxiety, or depression
- 3 Less energy and endurance
- 3 Usually eat less than 2,100 calories a day
- 3 Skip meals, especially breakfast
- 3 Eat mostly low-fat carbohydrates (bagels, pasta, frozen yogurt, and others)
- 2 Constantly think about weight
- 2 Use aspartame (NutraSweet) daily
- 2 Take Prozac or similar serotonin-boosting drugs
- 2 Have become vegetarian
- 3 Have decreased self-esteem
- 4 Have become bulimic or anorectic

**Total Score** \_\_\_\_\_



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### **3. Are you struggling with blood sugar instability and stress?**

- 4 Crave a lift from sweets or alcohol, but later experience a drop in energy and mood after ingesting them
- 3 Dizzy, weak, or headachy, especially if meals are delayed
- 4 Family history of diabetes, hypoglycemia, or alcoholism
- 3 Nervous, jittery, irritable on and off throughout the day; calmer after meals
- 3 Crying spells
- 3 Mental confusion, decreased memory
- 3 Heart palpitations, rapid pulse
- 4 Frequent thirst
- 3 Night sweats (not menopausal)
- 5 Sores on legs that take a long time to heal
- 4 Crave salty foods
- 4 Often feel stressed, overwhelmed
- 4 Dark circles under eyes
- 4 More awake at night

**Total Score** \_\_\_\_\_

### **4. Do you have unrecognized low thyroid function?**

- 4 Low energy
- 4 Easily chilled (especially hands and feet)
- 4 Other family members have thyroid problems
- 4 Can gain weight without overeating; hard to lose excess weight
- 3 Have to force yourself to do even moderate exercise
- 4 Find it hard to get going in the morning
- 3 High cholesterol
- 3 Low blood pressure
- 4 Weight gain began near the start of menses, a pregnancy, or menopause
- 3 Chronic headaches
- 3 Use food, caffeine, tobacco, and/or other stimulants to get going

**Total Score** \_\_\_\_\_

### **5. Are you addicted to foods you are actually allergic to?**

- 3 Crave milk, ice cream, yogurt, cheese, or doughy foods (pasta, bread, cookies, among others) and eat them frequently
- 3 Experience bloating after meals
- 4 Gas, frequent belching
- 3 Digestive discomfort of any kind
- 3 Chronic constipation and/or diarrhea
- 4 Respiratory problems, such as asthma, postnasal drip, congestion
- 3 Low energy or drowsiness, especially after meals
- 4 Allergic to milk products or other common foods
- 3 Undereat or often prefer beverages to solid food
- 3 Avoid food or throw up food because bloating after eating makes you feel fat or tired
- 4 Can't gain weight
- 3 Hyperactivity or manic-depression



3 Severe headaches, migraines

4 Food allergies in family

**Total Score** \_\_\_\_\_.

## **6. Are your hormones unbalanced?**

4 Premenstrual mood swings

4 Premenstrual or menopausal food cravings

4 Irregular periods

3 Experienced a miscarriage, an abortion, or infertility

4 Use(d) birth control pills or other hormone medication

3 Uncomfortable periods cramps, lengthy or heavy bleeding, or sore breasts

4 Peri- or postmenopausal discomfort (e.g., hot flashes, sweats, insomnia, or mental dullness)

3 Skin eruptions with period

**Total Score** \_\_\_\_\_

## **7. Do you have yeast overgrowth triggered by antibiotics, cortisone, or birth control pills?**

4 Often bloated, abdominal distention

3 Foggy-headed

2 Depressed

4 Yeast infections

4 Used antibiotics extensively (at any time in life)

4 Used cortisone or birth control pills for more than one year

4 Have chronic fungus on nails or skin or athlete's foot

3 Recurring sinus or ear infections as an adult or child

3 Achy muscles and joints

3 Chronically fatigued

4 Rashes

3 Stool unusual in color, shape, or consistency

**Total Score** \_\_\_\_\_

## **8. Do you have fatty acid deficiency?**

4 Crave chips, cheese, and other rich foods more than, or in addition to, sweets and starches

4 Have ancestry that includes Irish, Scottish, Welsh, Scandinavian, or coastal Native American

3 Alcoholism and depression in the family history

3 High cholesterol, low HDL levels

4 Feel heavy, uncomfortable, and "clogged up" after eating fatty foods

4 History of hepatitis or other liver or gallbladder problems



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- 4 Light-colored stool
- 4 Hard or foul-smelling stool
- 4 Pain on right side under your rib cage

**Total Score** \_\_\_\_\_

## 4 Part Mood-Type

Circle the number next to each symptom that you identify with. Total your score in each section.

### Type 1. Under a Dark Cloud: Low in Antidepressant Serotonin

- 3** Do you have a tendency to be negative, to see the glass as half-empty rather than half-full? Do you have dark, pessimistic thoughts?
- 3** Are you often worried or anxious?
- 3** Do you have feelings of low self-esteem and lack confidence? Do you easily get to feeling self-critical and guilty?
- 3** Do you have obsessive, repetitive, angry, or useless thoughts that you just can't turn off-for instance, when you're trying to get some sleep?
- 3** Does your behavior often get a bit, or a lot, obsessive? Is it hard for you to make transitions, to be flexible? Are you a perfectionist, a neatnik, or a control freak? A computer, TV or work addict?
- 3** Do you really dislike the dark weather or have a clear-cut fall/winter depression (SAD)?
- 2** Are you apt to be irritable, impatient, edgy, or angry?
- 3** Do you tend to be shy or fearful? Do you get nervous or panicky about heights, flying, enclosed space, public performance, spiders, snakes, bridges, crowds, leaving the house, or anything else?
- 2** Have you had anxiety attacks or panic attacks (your heart races, it's hard to breathe)?
- 2** Do you get PMS or menopausal moodiness (tears, anger, depression)?
- 3** Do you hate hot weather?
- 2** Are you a night owl, or do you often find it hard to get to sleep even though you want to?
- 2** Do you wake up in the night, have restless or light sleep, or wake up to early in the morning?
- 3** Do you routinely like to have sweet or starchy snacks, wine, or marijuana in the afternoons, evenings, or in the middle of the night (but not earlier in the day)?
- 2** Do you find relief from any of the above symptoms through exercise?



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- 3 Have you had fibromyalgia (unexplained muscle pain) or TMJ (pain, tension, and grinding associated with your jaw)?
- 4 Have you benefited from serotonin-targeted antidepressant drugs?

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

## **Type 2. Suffering from the Blahs: Low in Stimulating Catecholamines or Thyroid or Low in Natural Stimulants like Noradrenalin or Thyroid**

- 3 Do you often feel depressed-the flat, bored, apathetic kind?
- 2 Are you low on physical or mental energy? Do you feel tired a lot, have to push yourself to exercise?
- 2 Is your drive, enthusiasm, and motivation quota on the low side?
- 3 Do you have difficulty focusing or concentrating?
- 3 Do you need a lot of sleep? Are you slow to wake up in the morning?
- 3 Are you easily chilled? Do you have cold hands or feet?
- 2 Do you tend to put on weight too easily?
- 3 Do you feel the need to get more alert and motivated by consuming a lot of caffeine or other "uppers" like chocolate, diet pills, or cocaine?

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

## **Type 3. Overwhelmed by Stress: Low in Tranquilizing GABA**

- 3 Do you often feel overworked, pressured, or deadlined?
- 1 Do you have trouble relaxing or loosening up?
- 1 Does your body tend to stiffen, uptight, tense?
- 2 Are you easily upset, frustrated, or snappy under stress?
- 3 Do you often feel overwhelmed or as though you just can't get it all done?
- 2 Do you feel weak or shaky at times?
- 3 Are you sensitive to bright light, noise, or chemical fumes? Do you need to wear dark glasses a lot?
- 3 Do you feel significantly worse if you skip meals or go too long without eating?
- 2 Do you use tobacco, alcohol, food, or drugs to relax and calm down?

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

## **Type 4. Too Sensitive to Life's Pain: Low in Pain-Killing Endorphins**

- 3 Do you consider yourself or do others consider you to be very sensitive? Does emotional pain or perhaps physical pain really get to you?
- 2 Do you tear up or cry easily-for instance, even during TV commercials?
- 2 Do you tend to avoid dealing with painful issues?
- 3 Do you find it hard to get over losses or get through grieving?



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- 2 Have you been through a great deal of physical or emotional pain?
- 3 Do you crave pleasure, comfort, reward, enjoyment, or numbing from treats like chocolate, bread, wine, romance novels, marijuana, tobacco, or lattes?

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

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