



Quick Symptom Questionnaire

From *The Diet Cure* by Julia Ross

Here is a mini-questionnaire that will help us determine any imbalances in your body chemistry, if any.
Check the number next to any symptom that applies to you and follow the directions at the end of each section to calculate your score.

Name: _____

Date: _____

1. Is depleted brain chemistry the problem?

- ☐4 Sensitivity to emotional (or physical) pain; cry easily
- ☐4 Eat as a reward of 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
- ☐2 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 _____ If your score is over **10**, you may have depleted brain chemistry.

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 _____ If your score is over **12**, you may be experiencing weight gain and fatigue due to low-calorie dieting.

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 Hear 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 stresses, overwhelmed
- ☐4 Dark circles under eyes
- ☐4 More awake at night

Total Score _____ If your score is over **12**, you may have adrenal fatigue and/or hypoglycemia.

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 _____ If your score is over **15**, your thyroid may be suboptimal.

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

- ☐3 Crave milk, ice cream, yogurt, cheese, or doughy foods (pasta/bread/cookies,etc.)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 Under eat or often prefer beverages to solid food
- ☐3 Avoid food or throw up food because bloating after eating meals makes you feel fat or tired
- ☐4 Can't gain weight
- ☐3 Hyperactivity or manic-depression
- ☐3 Sever headaches, migraines
- ☐4 Food allergies in family

Total Score _____ If you score is over **12**, food sensitivities are most likely.

6a. For Females Only:

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 period 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 _____ If your score is over **6**, hormone imbalance may be present.

6b. For Males Only:

Is your testosterone low?

- ☐5 Do you have a decrease in libido (sex drive)?
- ☐4 Do you have a lack of energy?
- ☐3 Do you have a decrease in strength and/or endurance?
- ☐3 Have you lost height?
- ☐4 Have you noticed a decreased “enjoyment of life”?
- ☐3 Are you sad and/or grumpy?
- ☐5 Are your erections less strong?
- ☐3 Have you noticed a recent deterioration in your ability to play sports?
- ☐3 Are you falling asleep after dinner?
- ☐4 Has there been a recent deterioration in your work performance?

Total Score _____ If your score is over 12, you may be experiencing androgen deficiency (low testosterone). Comprehensive lab testing will confirm this.

7. Do you have yeast overgrowth triggered by anti-biotics, cortisone, or birth control pills?

- ☐4 Often bloated, abdominal distension
- ☐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 _____ If your score is over **13**, yeast overgrowth is possible.

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
- ☐4 Light-colored stool
- ☐4 Pain on right side under your rib cage

Total Score _____ If your score is over **12**, you may need an oil change.

From The Diet Cure by Julia Ross, M.A.

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