

The Quick Symptom Questionnaire

From *The Diet Cure* by Julia Ross

My goal with *The Diet Cure* is to stop your food cravings, address your eating and weight problems, and eliminate your mood swings and negative obsessions about your body. In order to do so we have to determine what is causing these problems.

Circle the number next to any symptom that applies to you and follow the directions at the end of each section to calculate your score. For each section there are corresponding chapters in the Diet Cure that will educate you on this imbalance.

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, please turn to chapter 1.

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 (Nutrisweet) 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, please turn to chapter 2.

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, please turn to chapter 3.

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, please turn to chapter 4.

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

- 3 Crave milk, ice cream, yogurt, cheese, of 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 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, please turn to chapter5.

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 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, please turn to chapter 6.

Note: Some men experience male menopause as a result of hormonal imbalance. Men, please see the box on page 79 if you are experiencing weight gain and emotional stress.

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, please turn to chapter 7.

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, please turn to chapter 8.

After you have finished tallying your symptoms in the questionnaire and reading the corresponding chapters, we will create your own master plan for success. This plan will include supplements, foods, and special support.

If you have any questions about your scores, check the more detailed symptoms lists within the first eight chapters.