

Dr. Wilson's reformatting of the PAK Questionnaire designed by Dr. Gant for the PAK system of psychometabolic nutrient management.
Contact: www.NaturalConnectionsHealthcare.com



Date: _____

Name: _____

Please list the following:

Substance use: _____ Last date: _____

Current medications and dosage: _____

Current nutrients: _____

Current supplements and herbs. Include dosage: _____

SEROTONIN DEFICIENCY QUESTIONNAIRE

Circle the number at the right if you answer “yes” to any of the following questions, then total your points.

- | | |
|---|---|
| Is alcohol your drug of choice? | 3 |
| If you have used marijuana, does it have a relaxing effect? | 2 |
| Have you ever taken prescription antidepressants, such as Prozac, Paxil, or Zoloft? | 5 |
| Have you ever gotten relief from your symptoms by taking 5-HTP or the amino acid, tryptophan? | 5 |
| Does eating high-sugar foods or processed carbohydrates relax you or relieve your anxiety, or both? | 2 |
| Do you often have the sense that you are “out of sync” or not attuned to what’s going on around you? | 2 |
| Do you have a history of anxious depression – that is, feeling nervous or irritable when you are “down”? | 2 |
| Do you have a regular pattern of unexplained rages or a history of explosive or assaultive behavior? | 3 |
| Do you have a history of sleep problems, especially waking up early and not being able to get back to sleep? | 2 |
| Is there a history of depression in your family? | 2 |
| Do you often experience symptoms of gastrointestinal distress, including gas, bloating, loose stools or constipation? | 3 |

Total your circled points _____

11 to 14 points means you are **probably** serotonin-deficient.

15 or more points means you are **very probably** serotonin-deficient.

CATECHOLAMINE DEFICIENCY QUESTIONNAIRE
(Dopamine and Norepinephrine)

Circle the number at the right if you answer “yes” to any of the following questions, then total your points.

- | | |
|---|-------|
| Is either cocaine or amphetamines your drug of choice? | 5 |
| Do you smoke cigarettes or use nicotine in another form, such as smokeless tobacco? If 1 pack or less, 1 point. If 2 packs a day, 2 points. If 3 packs or more packs, 3 points. | 1 2 3 |
| Does marijuana excite you or have a “speedy” effect on you? | 2 |
| Is there a history of mania in your family? | 2 |
| Is there a history of depression in your family? | 2 |
| Do you often experience tiredness, loss of energy, or an inability to feel pleasure? | 3 |
| Are you a thrill seeker or risk taker? | 3 |
| Do you respond positively to antidepressant drugs? | 5 |
| Do you respond positively to prescription drugs such as Ritalin, Cylert, Adderall, or amphetamines? | 5 |

Total your circled points _____

11 to 14 points means you are **probably** catecholamine-deficient.

15 or more points means you are **very probably** catecholamine-deficient.

GABA DEFICIENCY QUESTIONNAIRE

Circle the number at the right if you answer “yes” to any of the following questions, then total your points.

- | | |
|--|---|
| Are sedatives or “downers” your drug of choice? | 2 |
| Is alcohol your drug of choice? | 2 |
| Does alcohol relax you, or help you to sleep? | 4 |
| Have you obtained relief from symptoms of anxiety by taking prescription drugs? | 5 |
| Do you often have symptoms such as headache, irritability, or dizziness when you go four or more hours without food? | 5 |
| Do you have a history of panic attacks or severe anxiety? | 3 |
| Do you have problems sleeping, especially falling asleep? | 2 |
| Do you have sugar cravings? | 2 |
| Is there a history of anxiety or panic disorder in your family? | 2 |

Total your circled points _____

11 to 14 points means you are **probably** GABA-deficient.

15 or more points means you are **very probably** GABA-deficient.

ENDORPHIN DEFICIENCY QUESTIONNAIRE

Circle the number at the right if you answer “yes” to any of the following questions, then total your points.

Are heroin, Darvon, codeine, methadone, or other opiates your drug of choice? 5

Have you ever had difficulty stopping the use of painkilling drugs such as codeine, Darvon, methadone or other opiates? 3

Do you use drugs or alcohol to carve out a respite or “time out” from a very busy, active life? 2

Are you troubled by chronic pain, such as back pain or headaches? 2

Do you have difficulty enjoying pleasurable experiences much of the time (and not just when you are feeling down)? 2

Do you have a low pain tolerance? 3

Total your circled points _____

8 to 11 points means you are **probably** Endorphin-deficient.

12 or more points means you are **very probably** Endorphin-deficient.

Low Energy and Low Moods

Circle YES or NO to any of the following questions. Total the yes answers.

Yes No Do you often experience tiredness, loss of energy or an inability to feel pleasure?

Yes No Are your low moods accompanied by very low physical energy?

Yes No When your moods are not low, are you a fairly enthusiastic and energetic person?

Yes No Do you have difficulty losing weight even on a very good diet?

Yes No Is there a history of low moods with sudden upswings in moods in your family?

Yes No Have you every used or gotten a positive effect from cocaine or amphetamines?

Yes No Do you smoke cigarettes, or use nicotine in another form such as smokeless tobacco?

Yes No Are you a risk taker or thrill seeker?

Yes No Do you respond positively to antidepressants or prescription drugs as such Ritalin?

_____ **Total YES Answers**

4-8 yes answers mean you will **probably** benefit from the Lift Pak nutrients. **5** or more **yes** answers mean you are even more likely to benefit from the Lift Pak nutrients.

Low Moods and Anxiousness

Circle YES or NO to any of the following questions.

Yes No Do you wake up during the night or in the mornings with anxious feeling?

Yes No Do you feel nervous or irritable when you are “down”?

Yes No Do you feel nervous or irritable when you are in stressful situations?

Yes No Does eating high-sugar foods or processed carbohydrates relax you and/or relieve your anxiety?

Yes No Do you have a carbohydrate food cravings?

Yes No Do you use alcohol on a regular basis?

Yes No If you have every used marijuana, did it have a relaxing effect?

Yes No Have you ever taken, or been advised to try, prescription antidepressants?

Yes No Have you gotten relief from your symptoms by taking 5HTP or tryptophan?

Yes No Do you often have the sense you are “out of sync” or not attuned to what’s going on around you?

Yes No Do you have a regular pattern of unexplained rages or a history of explosive behavior?

Yes No Do you have a history of sleep problems, especially waking up early and not being able to get back to sleep?

Yes No Is there a history of chronic low moods in your family?

Yes No Do you often experience symptoms of gastrointestinal distress, including gas, bloating, loose stools or constipation?

Yes No Do you have a history of unexplained panicky feelings?

Yes No Do you have the tendency to be thin or underweight?

_____ **Total Yes Answers**

5-8 yes answers mean: You will probably benefit from the Relax Pak nutrients. **8** or more **yes** answers means you are even more likely to benefit from the Relax Pak.

Inattentiveness and Overactivity

The correct vitamin, mineral, essential fatty acid, amino acid formulation to use depends upon the areas you check off. Your Health Care provider will advise you.

Have you (your child) been diagnosed with any diseases? _____

Which of the following behaviors apply to you (your child)?

- | | |
|--|---|
| <input type="checkbox"/> unable to complete a task | <input type="checkbox"/> acting out |
| <input type="checkbox"/> unable to follow directions | <input type="checkbox"/> impulsiveness |
| <input type="checkbox"/> can't sit still | <input type="checkbox"/> excessive talking |
| <input type="checkbox"/> unable to pay attention | <input type="checkbox"/> interrupts |
| <input type="checkbox"/> homework issues | <input type="checkbox"/> doesn't seem to listen |
| <input type="checkbox"/> forgetful | <input type="checkbox"/> easily excitable |
| <input type="checkbox"/> difficulty following directions | <input type="checkbox"/> unorganized |
| <input type="checkbox"/> careless worker | <input type="checkbox"/> rarely plays quietly |
| <input type="checkbox"/> angry | <input type="checkbox"/> irritable |

Have you (your child) ever used recreations drugs? Which of the following?

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> amphetamines | <input type="checkbox"/> heroin | <input type="checkbox"/> sedatives |
| <input type="checkbox"/> antidepressants | <input type="checkbox"/> cocaine | <input type="checkbox"/> opioids |
| <input type="checkbox"/> downers | <input type="checkbox"/> benzodiazepines | <input type="checkbox"/> nicotine |
| <input type="checkbox"/> morphine | <input type="checkbox"/> marijuana | <input type="checkbox"/> uppers |
| <input type="checkbox"/> muscle relaxants | <input type="checkbox"/> codeine | <input type="checkbox"/> alcohol |

Check off anything that applies: (You may not be aware of some things but answer the best you can.)

___ possible lead poisoning?

___ live in an older house?

___ eat large amounts of tuna fish or swordfish?

___ otherwise healthy but just cannot pay attention?

___ eat lots of carbohydrates, candy, bread, cake, pie, pasta, ice cream, soda, junk?

___ colicky as a baby?

___ little protein in the diet?

___ constipation? Gas? Bloating? or cramping?

___ crave certain foods and over-eat them?

___ foods give you gas or bloating after eating?

___ constantly hot and intolerant of heat?

___ tired upon awakening?

___ sluggish metabolism?

___ gain weight very easily?

___ crave salt?

___ have dandruff?

___ get headaches easily?

___ react to color dyes, Jell-O, Kool Aid etc—lunch meats, hotdogs?

___ have a snappy temper, get easily angered or get irritable or often oppositional?

___ headaches from wine or processed foods?

___ have cold feet and hands?

___ eat a lot of junk foods and drink a lot of soda?

___ dermatitis?

___ excessive thirst?

___ clumsy? Trouble catching a ball?

___ breast fed or bottle fed? (circle)

___ often anxious?

___ problem getting or staying asleep?

Weight Balance Problems
(Carbohydrate Addiction)

Circle YES or NO to any of the following questions. Total the yes answers.

- Yes No** Do you often experience tiredness, loss of energy or fatigue?
- Yes No** Are your low energy accompanied by cravings for sugars and/or starchy foods and snacks?
- Yes No** Do you have a weight problem? (over or under)
- Yes No** Do you have difficulty losing or gaining weight even on a very good diet?
- Yes No** Do you have episodes of overeating or binge eating?
- Yes No** Have you ever gotten a positive or relaxing effect from sugars and starches (carbohydrates)?
- Yes No** Is your diet low in protein?
- Yes No** Is exercising regularly difficult for you?
- Yes No** Do you eat to feel energized?
- Yes No** Do you have diabetes, or low/high blood sugar?
- Yes No** Do you have bloating/gas/indigestion regularly?
- Yes No** Is there a history of weight problem in your family?

_____ **Total YES Answers**

3-5 yes answers mean you will **probably** benefit from the Carbo Detox Pak nutrients. **6** or more **yes** answers mean you are even more likely to benefit from the Carbo Detox Pak nutrients.