

# THE FOUR PART MOOD TYPE QUESTIONNAIRE



Write down the number next to each symptom you identify with. Total your score in each section and compare it to the cut-off score. If your score is over the cut-off, you may be low in a particular amino acid.

## PART 1. ARE YOU UNDER A DARK CLOUD?

\_\_\_ (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 and anxious?

\_\_\_ (3) Do you have feelings of low self-esteem and lack confidence? Do you easily get to feeling self-critical and guilty?

\_\_\_ (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 spaces, public performance, spiders, snakes, bridges, crowds, leaving the house, or anything else?

\_\_\_ (2) Have you had anxiety attacks or panic attacks (your heart races, 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 too 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?

\_\_\_ (3) Have you had fibromyalgia (unexplained muscle pain) or TMJ (pain, tension, and grinding associated with your jaw)?

\_\_\_ (2) Have you had suicidal thoughts or plans?

\_\_\_ **TOTAL SCORE - If your score is more than 12 you may be low in Serotonin.**

## PART 2. ARE YOU SUFFERING FROM THE BLAHS?

\_\_\_ (3) Do you often feel depressed - the flat, bored, apathetic kind?

\_\_\_ (2) Are you low on physical or mental energy? Do you feel tired frequently or have to push yourself to exercise?

\_\_\_ (2) Is your drive, enthusiasm, and motivation quota on the low side?

\_\_\_ (2) Do you have difficulty focusing or concentrating?

\_\_\_ (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 coffee or other uppers like sugar, diet soda, ephedra, or cocaine?

\_\_\_ **TOTAL SCORE - If your score is more than 6 you may be low in Catecholamines.**

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## PART 3. IS STRESS YOUR PROBLEM?

- \_\_\_ (3) Do you often feel overworked, pressured, or deadlines?
  - \_\_\_ (1) Do you have trouble relaxing or loosening up?
  - \_\_\_ (1) Does your body tend to be stiff, uptight, tense?
  - \_\_\_ (2) Are you easily upset, frustrated, or snappy under stress?
  - \_\_\_ (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 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 SCORE - If your score is more than 8 you may be low in GABA**

## PART 4. ARE YOU TOO SENSITIVE TO LIFE'S PAIN?

- \_\_\_ (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?
  - \_\_\_ (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 SCORE - If your score is more than 6 you may be low in Endorphins.**