

## Defining your Deficiencies

### Section 1B

#### Memory and Attention

*I need caffeine to wake up. T/F*

*I cannot think quickly enough. T/F*

*I am slow in learning new ideas. T/F*

*I have trouble getting through a task even when it is interesting to me. T/F*

*I have trouble paying constant attention and concentrating. T/F*

*I do not have a good attention span. T/F*

**M&A True Count**\_\_\_\_\_

#### Physical

*I crave Sugar. T/F*

*I sleep too much. T/F*

*I have decreased libido. T/F*

*I have a history of alcohol or addiction. T/F*

*I have always battled Weight Problems. T/F*

*I sometimes experience total exhaustion without even exerting myself. T/F*

*I have had a craving for cocaine, amphetamines, or ecstasy. T/F*

*I have recently felt worn out for no apparent reason. T/F*

*I have trouble getting out of bed in the morning. T/F*

*I have little motivation for sexual experiences. T/F*

**Physical True Count**\_\_\_\_\_

#### Personality

*I have little urgency. T/F*

*I let people criticize me. T/F*

*I feel fine just following others. T/F*

*I always look to others to lead me. T/F*

*People seem to take advantage of me. T/F*

*People have told me I am too mellow. T/F*

*I am feeling very down or depressed. T/F*

**Personality True Count**\_\_\_\_\_

#### Character

*I can't make good decisions. T/F*

*I have lost my reasoning skills. T/F*

**Character True Count**\_\_\_\_\_

**Total True Count for Section 1B**\_\_\_\_\_

### Section 2B

#### Memory and Attention

*I lack imagination. T/F*

*I have lost some of my creativity. T/F*

*I can't remember my friend's birthdays. T/F*

*I have difficulty remembering names when I first meet people. T/F*

*My significant other tells me I don't have romantic thoughts. T/F*

*I have noticed that my memory ability is decreasing. T/F*

**M&A True Count**\_\_\_\_\_

## **Physical**

*I have insomnia. T/F*

*I have experimented with hallucinogens or other illicit drugs. T/F*

*I crave fatty foods. T/F*

*I feel like my body is falling apart. T/F*

*I can't breathe easily. T/F*

*I don't exercise anymore. T/F*

*I have lost muscle tone. T/F*

**Physical True Count**\_\_\_\_\_

## **Personality**

*I feel despair. T/F*

*I protect myself from being hurt by others by never telling much about myself. T/F*

*I like routine. T/F*

*I find it more comfortable to do things alone rather than in a large group. T/F*

*I don't feel joy very often. T/F*

*Other people get angrier about bothersome things than I do. T/F*

*I rarely feel passionate about anything. T/F*

*I give in easily and tend to be submissive. T/F*

**Personality True Count**\_\_\_\_\_

## **Character**

*I don't feel buoyant. T/F*

*I don't care about anyone's stories but mine. T/F*

*I'm obsessed with my deficiencies. T/F*

*I don't pay attention to people's feelings. T/F*

**Character True Count**\_\_\_\_\_

**Total True Count for Section 2B** \_\_\_\_\_

## **Section 3B**

### **Memory and Attention**

*I can't remember phone numbers. T/F*

*I find it difficult to concentrate because I'm nervous and jumpy. T/F*

*My ability to focus comes and goes. T/F*

*I have trouble remembering things when I am put on the spot. T/F*

*I have trouble finding the right word. T/F*

*I am a quick thinker but can't always say what I mean. T/F*

*I know I am intelligent, but it is hard to show others. T/F*

*When I read, I find I have to go back over the same paragraph a few times to absorb the information. T/F*

**M&A True Count**\_\_\_\_\_

### **Physical**

*I overeat. T/F*

*I often feel fatigued even when I have had a good night's sleep. T/F*

*I feel shaky. T/F*

*I have frequent backaches and/or headaches. T/F*

*I crave bitter foods. T/F*

*I like yoga because it helps me to relax. T/F*

*I am often nervous. T/F*

*I tend to get butterflies in my stomach. T/F*

*I sometimes tremble. T/F*

*I tend to have shortness of breath. T/F*

*I am sometimes dizzy. T/F*

*I tend to have heart palpitations. T/F*

*I tend to have cold hands. T/F*

*I sometimes sweat too much. T/F*

*I often have muscle tension. T/F*

**Physical True Count**\_\_\_\_\_



**Character**

*I no longer want to take risks. T/F*

*I can't stop thinking about the meaning of life. T/F*

*The lack of meaning in my life is painful to me. T/F*

**Character True Count**\_\_\_\_\_

**Total True Count for Section 4B**\_\_\_\_\_

**Results**

**1B. Total number of T responses: Dopamine deficiency** \_\_\_\_\_

**2B. Total number of T responses: Acetylcholine deficiency**\_\_\_\_\_

**3B. Total number of T responses: GABA deficiency**\_\_\_\_\_

**4B. Total number of T responses: Serotonin deficiency**\_\_\_\_\_