

Metabolic Screening Questionnaire

Rate each of the following symptoms based upon your health profile for the past 30 days

POINT SCALE

0 = Never or almost never have the symptom

1 = Occasionally have it, effect is not severe

2 = Occasionally have, effect is severe

3 = Frequently have it, effect is not severe

4 = Frequently have it, effect is severe

DIGESTIVE TRACT

Nausea or vomiting

Diarrhea

Constipation

Bloating feeling

Belching, or passing gas

Heartburn

Intestinal/Stomach pain

Total

EARS

Itchy ears

Earaches, ear infections

Drainage from ear

Ringing in ears, hearing loss

Total

EMOTIONS

Mood swings

Anxiety, fear or nervousness

Anger, irritability, or aggressiveness

Depression

Total

ENERGY/ACTIVITY

Fatigue, sluggishness

Apathy, lethargy

Hyperactivity

Restlessness

Total

EYES

Watery or itchy eyes

Swollen, reddened or sticky eyelids

Bags or dark circles under eyes

Blurred or tunnel vision (does not include near-or far-sightedness)

Total

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia

Total **HEART**

- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- Chest pain

Total **JOINTS/MUSCLES**

- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness

Total **LUNGS**

- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficult breathing

Total **MIND**

- Poor memory
- Confusion, poor comprehension
- Poor concentration
- Poor physical coordination
- Difficulty in making decisions
- Stuttering or stammering
- Slurred speech
- Learning disabilities

Total **MOUTH/THROAT**

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen or discoloured tongue, gum, lips
- Canker sores

Total

NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus formation

Total

SKIN

- Acne
- Hives, rashes, or dry skin
- Hair loss
- Flushing or hot flushes
- Excessive sweating

Total

WEIGHT

- Binge eating/drinking
- Craving certain foods
- Excessive weight
- Compulsive eating
- Water retention
- Underweight

Total

OTHER

- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge

Total

GRAND TOTAL _____

COMMENTS