



## Metabolic Screening Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Please indicate frequency and severity of symptoms by the following scale:

- 1 – Occasionally have it, not severe      2 – Occasionally have it, severe  
3 – Frequently have it, not severe      4 – Frequently have it, severe

### Head

- \_\_\_\_ Headaches  
\_\_\_\_ Faintness  
\_\_\_\_ Dizziness  
\_\_\_\_ Insomnia  
\_\_\_\_ **TOTAL**

### Nose

- \_\_\_\_ Stuffy nose  
\_\_\_\_ Sinus problems  
\_\_\_\_ Hay fever  
\_\_\_\_ Sneezing attacks  
\_\_\_\_ Excessive mucus  
\_\_\_\_ **TOTAL**

### Lungs

- \_\_\_\_ Chest congestion  
\_\_\_\_ Asthma, bronchitis  
\_\_\_\_ Shortness of breath  
\_\_\_\_ Difficulty breathing  
\_\_\_\_ **TOTAL**

### Energy/Activity

- \_\_\_\_ Fatigue, sluggish  
\_\_\_\_ Apathy, lethargy  
\_\_\_\_ Hyperactivity  
\_\_\_\_ Restlessness  
\_\_\_\_ Insomnia  
\_\_\_\_ **TOTAL**

### Emotions

- \_\_\_\_ Mood swings  
\_\_\_\_ Anxiety, fear  
\_\_\_\_ Anger, irritability, aggressiveness  
\_\_\_\_ Depression  
\_\_\_\_ Tearful  
\_\_\_\_ **TOTAL**

### Eyes

- \_\_\_\_ Watery or itchy eyes  
\_\_\_\_ Swollen, reddened or sticky eyelid  
\_\_\_\_ Bags or dark circles under eyes  
\_\_\_\_ Blurred vision  
\_\_\_\_ **TOTAL**

### Mouth/Throat

- \_\_\_\_ Chronic coughing  
\_\_\_\_ Gagging, frequent need to clear throat  
\_\_\_\_ Sore throat, loss of voice, hoarseness  
\_\_\_\_ Canker sores  
\_\_\_\_ **TOTAL**

### Heart

- \_\_\_\_ Irregular or skipped heartbeat  
\_\_\_\_ Rapid or pounding heartbeat  
\_\_\_\_ Chest pain  
\_\_\_\_ **TOTAL**

### Joint/Muscle

- \_\_\_\_ Pain in joints  
\_\_\_\_ Arthritis  
\_\_\_\_ Stiffness  
\_\_\_\_ Aches in muscles  
\_\_\_\_ Bone loss  
\_\_\_\_ Weakness or tiredness  
\_\_\_\_ **TOTAL**

### Mind

- \_\_\_\_ Poor memory  
\_\_\_\_ Confusion, poor concentration  
\_\_\_\_ Poor physical coordination  
\_\_\_\_ Difficulty with making decisions/foggy thinking  
\_\_\_\_ Stuttering or stammering  
\_\_\_\_ Slurred speech  
\_\_\_\_ Learning disabilities  
\_\_\_\_ **TOTAL**

### Ears

- \_\_\_\_ Itchy ears  
\_\_\_\_ Earaches, ear infections  
\_\_\_\_ Drainage from ear  
\_\_\_\_ Ringing in ears  
\_\_\_\_ Loss of hearing  
\_\_\_\_ **TOTAL**

### Skin

- \_\_\_\_ Acne  
\_\_\_\_ Hives, rashes  
\_\_\_\_ Dry skin  
\_\_\_\_ Hair loss  
\_\_\_\_ Flushing or hot flashes  
\_\_\_\_ Excessive sweating  
\_\_\_\_ Easy bruising  
\_\_\_\_ Increased facial/body hair  
\_\_\_\_ **TOTAL**

### Digestive Tract

- \_\_\_\_ Nausea, vomiting  
\_\_\_\_ Diarrhea  
\_\_\_\_ Constipation  
\_\_\_\_ Bloating, belching  
\_\_\_\_ Passing gas  
\_\_\_\_ Heartburn  
\_\_\_\_ Intestinal/stomach pain  
\_\_\_\_ Poor appetite  
\_\_\_\_ Bloody stools  
\_\_\_\_ Liver trouble  
\_\_\_\_ Gall bladder trouble  
\_\_\_\_ **TOTAL**

### Genito-Urinary

- \_\_\_\_ Frequent urination  
\_\_\_\_ Painful urination  
\_\_\_\_ Blood in urine  
\_\_\_\_ Inability to control urine  
\_\_\_\_ Kidney stones  
\_\_\_\_ Prostate trouble  
\_\_\_\_ **TOTAL**

### Weight

- \_\_\_\_ Craving certain foods  
\_\_\_\_ Compulsive eating  
\_\_\_\_ Cold body temperature  
\_\_\_\_ Water retention  
\_\_\_\_ Recent weight gain  
\_\_\_\_ Recent weight loss  
\_\_\_\_ **TOTAL**

### Other

- \_\_\_\_ Numbness in \_\_\_\_\_  
\_\_\_\_ Swelling of ankles  
\_\_\_\_ Frequent illness  
\_\_\_\_ Sensitive to chemicals  
\_\_\_\_ **TOTAL**

**GRAND TOTAL** \_\_\_\_\_