

Name:

Date:

Metabolic Screening Questionnaire

Rate each of the following symptoms based upon your typical health profile for:

Initial test: the past 90 days Retest: the past 14 days Retest: the past 48 hours

Please bring with you to your next appointment with Dr. Hill

Grading of Symptoms

0 Never or almost never have the symptom

1 Occasionally have it, effect is not severe

2 Occasionally have it, effect is severe

3 Frequently have it, effect is not severe

4 Frequently have it, effect is severe

Head

___ Headaches

___ Faintness

___ Dizziness

___ Insomnia Total _____

Eyes

___ Swollen, reddened, or sticky eyelids

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

___ Bags or dark circles under eyes

___ Watery or itchy eyes Total _____

Ears

___ Itchy ears

___ Ear aches, ear infections

___ Ringing in ears, hearing loss

___ Drainage from ear Total _____

Nose

___ Stuffy nose

___ Sinus problems

___ Sneezing attacks

___ Excessive mucus formation

___ Hay fever Total _____

Mouth, Throat

___ Gagging, frequent need to clear throat

___ Sore throat, hoarseness, loss of voice

___ Swollen or discolored tongue, gums, lips

___ Chronic coughing

___ Canker sores Total _____

Skin

___ Acne

___ Hives, rashes, or dry skin

___ Hair loss

___ Flushing or hot flashes

___ Excessive sweating Total _____

Heart

___ Irregular or skipped heartbeat

___ Rapid or pounding heartbeat

___ Chest pain Total _____

Lungs

___ Chest congestion

___ Asthma, bronchitis

___ Shortness of breath

___ Difficulty breathing Total _____

- Nausea or vomiting
- Constipation
- Bloating feeling
- Belching or passing gas
- Heartburn
- Intestinal or stomach pain
- Diarrhea Total _____

Joints, Muscles

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

Weight

- Binge eating, drinking
- Craving certain foods
- Excessive weight
- Compulsive eating
- Water retention
- Underweight Total _____

Energy, Activity

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness Total _____

Mind

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

Emotions

- Mood swings
- Anxiety, fear, or nervousness
- Anger, irritability, or aggressiveness
- Depression Total _____

Other

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

Grand Total _____