

Functional Metabolism – Questionnaire 1

Name: _____ Date: _____

Section A

- | | | | | | |
|----|-----------------------------|---|---|---|---|
| 1. | Nausea and/or vomiting | 1 | 2 | 3 | 4 |
| 2. | Diarrhea | 1 | 2 | 3 | 4 |
| 3. | Constipation | 1 | 2 | 3 | 4 |
| 4. | Bloated feeling | 1 | 2 | 3 | 4 |
| 5. | Belching and/or passing gas | 1 | 2 | 3 | 4 |
| 6. | Heartburn | 1 | 2 | 3 | 4 |

Score: _____

Section B

- | | | | | | |
|-----|--|---|---|---|---|
| 1. | Watery and/or itchy eyes | 1 | 2 | 3 | 4 |
| 2. | Swollen, reddened and/or sticky eyelids | 1 | 2 | 3 | 4 |
| 3. | Bags and/or dark circles under eyes | 1 | 2 | 3 | 4 |
| 4. | Blurred and/or tunnel vision | 1 | 2 | 3 | 4 |
| 5. | Headaches | 1 | 2 | 3 | 4 |
| 6. | Faintness | 1 | 2 | 3 | 4 |
| 7. | Dizziness | 1 | 2 | 3 | 4 |
| 8. | Insomnia | 1 | 2 | 3 | 4 |
| 9. | Itchy ears | 1 | 2 | 3 | 4 |
| 10. | Earaches and/or ear infections | 1 | 2 | 3 | 4 |
| 11. | Drainage from ear | 1 | 2 | 3 | 4 |
| 12. | ringing in ears and/or hearing loss | 1 | 2 | 3 | 4 |
| 13. | Stuffy nose | 1 | 2 | 3 | 4 |
| 14. | Sinus problems | 1 | 2 | 3 | 4 |
| 15. | Allergies | 1 | 2 | 3 | 4 |
| 16. | Sneezing attacks | 1 | 2 | 3 | 4 |
| 17. | Excessive mucous production | 1 | 2 | 3 | 4 |
| 18. | Chronic coughing | 1 | 2 | 3 | 4 |
| 19. | Gagging and/or frequent need to clear throat | 1 | 2 | 3 | 4 |
| 20. | Sore throat, hoarseness and/or loss of voice | 1 | 2 | 3 | 4 |
| 21. | Swollen and/or discolored tongue, gums and/or lips | 1 | 2 | 3 | 4 |
| 22. | Canker sores | 1 | 2 | 3 | 4 |

Score: _____

Section C

- | | | | | | |
|----|------------------------------------|---|---|---|---|
| 1. | Irregular and/or skipped heartbeat | 1 | 2 | 3 | 4 |
| 2. | Rapid and/or pounding heartbeat | 1 | 2 | 3 | 4 |
| 3. | Chest pain | 1 | 2 | 3 | 4 |
| 4. | Chest congestion | 1 | 2 | 3 | 4 |
| 5. | Asthma and/or bronchitis | 1 | 2 | 3 | 4 |
| 6. | Shortness of breath | 1 | 2 | 3 | 4 |
| 7. | Difficulty breathing | 1 | 2 | 3 | 4 |

Score: _____

Section D

1.	Pain and/or aches in joints	1	2	3	4
2.	Arthritis	1	2	3	4
3.	Stiffness and/or limitation of movement	1	2	3	4
4.	Pain and/or aches in muscles	1	2	3	4
5.	Feeling of weakness and/or tiredness	1	2	3	4
6.	Acne	1	2	3	4
7.	Hives, rashes and/or dry skin	1	2	3	4
8.	Hair loss	1	2	3	4
9.	Flushing and/or hot flashes	1	2	3	4
10.	Excessive sweating	1	2	3	4

Score: _____

Section E

1.	Fatigue and/or sluggishness	1	2	3	4
2.	Apathy and /or lethargy	1	2	3	4
3.	Hyperactivity	1	2	3	4
4.	Restlessness	1	2	3	4
5.	Mood Swings	1	2	3	4
6.	Anxiety, fear and/or nervousness	1	2	3	4
7.	Anger, irritability and/or aggressiveness	1	2	3	4
8.	Depression	1	2	3	4
9.	Poor memory	1	2	3	4
10.	Confusion and/or poor comprehensive	1	2	3	4
11.	Poor concentration	1	2	3	4
12.	Poor physical condition	1	2	3	4
13.	Difficulty making decisions	1	2	3	4
14.	Stuttering and/or stammering	1	2	3	4
15.	Slurred Speech	1	2	3	4
16.	Learning disabilities	1	2	3	4
17.	Binge eating and/or drinking	1	2	3	4
18.	Cravings for certain foods	1	2	3	4
19.	Excessive weight	1	2	3	4
20.	Compulsive eating	1	2	3	4
21.	Water retention	1	2	3	4
22.	Underweight	1	2	3	4

Score: _____

Section F

1.	Frequent illness	1	2	3	4
2.	Frequent and/or urgent urination	1	2	3	4
3.	Genital itch and/or discharge	1	2	3	4

Score: _____

*** Add up the total scores in all sections and compare with the information below ***

Total Score: _____

Interruption of Results

Mild	0 – 30
Moderate	35 - 48
Severe	50 – 100