

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. Rinde

#### 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 \_\_\_\_\_

Digestive Tract

- 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 \_\_\_\_\_

