

Metabolic Screening Questionnaire

LUNGS	___	Chest congestion	Total
	___	Asthma, bronchitis	
	___	Shortness of breath	
	___	Difficulty breathing	___
MIND	___	Poor Memory	Total
	___	Confusion, poor comprehension	
	___	Poor Concentration	
	___	Poor physical coordination	
	___	Difficulty in making decisions	
	___	Stuttering or stammering	
	___	Slurred speech	
	___	Learning disabilities	___
MOUTH/ THROAT	___	Chronic coughing	Total
	___	Gagging, frequent need to clear throat	
	___	Sore throat, hoarseness, loss of voice	
	___	Swollen or discoloured tongue, gums, lips	
	___	Canker Sores	___
NOSE	___	Stuffy nose	Total
	___	Sinus problems	
	___	Hay fever	
	___	Sneezing attacks	
	___	Excessive mucus formation	___
SKIN	___	Acne	Total
	___	Hives, rashes, or dry skin	
	___	Hair loss	
	___	Flushing or hot flushes	
	___	Excessive sweating	___
WEIGHT	___	Binge eating/drinking	Total
	___	Craving certain foods	
	___	Excessive weight	
	___	Compulsive eating	
	___	Water retention	
	___	Underweight	___
OTHER	___	Frequent illness	Total
	___	Frequent or urgent urination	
	___	Genital itch or discharge	___
GRAND TOTAL			___
COMMENTS:			