MSQ - Metabolic Symptoms Questionnaire

Rate each of the following symptoms based upon your typical health profile for the past 30 days.

Point Scale:
0 = Never or almost never have the symptom
1 = Occasionally have it, effect is not severe
2 = Frequently have it, effect is not severe
3 = Occasionally have it, effect is severe
4 = Frequently have it, effect is severe

NAME_____ **Date**_____

LI	____ Feeling like bowels do not empty co mpletely ____ Lower abdominal pain relieved by passing stool or gas. ____ Constipation ____ Diarrhea ____ Hard, Dry or Small stool ____ Coated Tongue or "fuzzy" debris on tongue ____ Pass large amount of foul smelling gas ____ More than 3 bowel movements daily ____ Use Laxatives frequently TOTAL…….._____	SI	____ Roughage and fiber cause constipation ____ Indigestion and fullness lasts 2-4 hours after eating ____ Pain, tenderness on left side under ribs ____ Excessive passage of gas ____ Nausea and/or vomiting ____ Stool undigested, foul, mucous, greasy, or Poorly formed ____ Frequent urination ____ Increased thirst and appetite ____ Difficulty losing weight
ST-Hypo	____ Excessive belching, burping or bloating ____ Gas immediately following a meal ____ Offensive Breath ____ Difficult Bowel Movements ____ Sense of Fullness during and after meals ____ Difficulty digesting fruit and veggies ____ Undigested food in stool TOTAL…….._____ Have you had your gall bladder removed Y N	BIL	____ Greasy or high fat foods cause distress ____ Lower bowel gas or bloating several hours After eating ____ Bitter, metallic taste in mouth, esp. in morning ____ Unexplained itchy skin ____ Yellowish cast to eyes _____ Stool color alternates from clay color to brown _____ Reddened skin, esp. palms _____ Dry or flaky skin or hair _____ History of gall bladder attacks or stones TOTAL…….._____
ST-Hyper	____ Stomach pain, burning, or aching 1-4 hours after eating ____ Frequently use antacids ____ Feel hungry and hour or two after eating ____ Heartburn when lying down or bending over ____ Temporary relief from antacids, food, milk, or Carbonated drinks ____ Digestive problems subside with rest and relax ____ Heartburn due to spicy foods, chocolate, Citrus, peppers, alcohol, or caffeine TOTAL……..…._____	Mouth/ Throat	____ Chronic coughing Total ____ Gagging frequently; clearing throat ____ Sore throat, hoarseness, loss of voice ____ Swollen / discolored tongue, gums, lips ____ Jaw pain / clicking / teeth grinding ____ Speech problems ____ Canker sores _____
SI			____ Stuffy nose Total ____ Sinus problems ____ Hay fever / Allergies ____ Sneezing attacks ____ Excessive mucus formation _____

BIL	____ Greasy or high fat foods cause distress ____ Lower bowel gas or bloating several hours After eating ____ Bitter, metallic taste in mouth, esp. in morning ____ Unexplained itchy skin ____ Yellowish cast to eyes _____ Stool color alternates from clay color to brown _____ Reddened skin, esp. palms _____ Dry or flaky skin or hair _____ History of gall bladder attacks or stones Have you had your gall bladder removed Y N TOTAL……._____	Skin	____ Acne Total ____ Hives, rashes, or dry skin ____ Hair loss ____ Flushing or hot flashes ____ Excessive sweating _____
Head	____ Crave sweets during the day ____ Irritable if meals are missed ____ Dizziness / Black outs ____ Insomnia / Sleep problems ____ Disinterest in sex ____ Cry Easily _____	Weight	____ Binge eating Total ____ Craving certain foods ____ Excessive weight ____ Compulsive eating ____ Water retention ____ Underweight _____
Heart	____ Irregular or skipped heartbeat Total ____ Rapid or pounding heartbeat ____ Hands shake / Tremors ____ Chest Pain _____	Other	____ Frequent illness Total ____ Frequent or urgent urination ____ PMS / Menstrual irregularity ____ Genital itch or discharge _____
Joints & Muscles	____ Pain or aches in joints Total ____ Arthritis ____ Stiffness or limitation of movement ____ Pain or aches in muscles ____ Feeling of weakness or tiredness _____		*Grand Total* _____