

Metabolic Appraisal Questionnaire

Date: _____

E-mail: _____

Name: _____

Chart No.: _____

In the space provided, please put the appropriate number which describes the symptoms or areas of the body which you are experiencing or have experienced symptoms. Regarding diagnoses, put a number only if you have received a diagnosis from a healthcare provider (MD, DC, ND, etc.). Regarding nutritional questions such as "Poor Protein Assimilation," answer only if these were indicated on a clinical nutrition analysis from a nutritionist or other healthcare provider. Answer every question that applies to you, even if a symptom, diagnosis or part of the body appears more than once.

5 - Current 3-Occasionally 1-Past 0-Not Applicable

Section A-1

_____ Poor Coordination

_____ Over-acid stomach

_____ Indigestion

_____ Heartburn

_____ Gas

_____ Stomach pain

_____ Stomach spasms

_____ Protruding Stomach

_____ Intestinal pain

_____ Intestinal spasms.

_____ Small intestines

_____ Periods of extreme mood swings

_____ **Total for Section A-1**

_____ Pancreas

_____ Constipation

_____ Hemorrhoids

_____ Gastric Ulcers

_____ Gout

_____ Bone and Joint Pain

_____ Colon Irregularities

_____ Gastritis

_____ Bloating

_____ Malaise and Fatigue after lunch

_____ Periods of Poor Concentration

Section A-2

_____ Poor Protein Assimilation

_____ Colitis

_____ Diverticulitis

_____ Regional Enteritis

_____ Colon Pathologies, other than colitis, diverticulitis, regional enteritis: _____

_____ Gastro-intestinal Tract Disease

_____ Small Intestines Disease

_____ Pancreatic Disease

_____ Excessive Cholesterol Production

_____ **Total for Section A-2**

_____ **Grand Total - Section A**

Section B-1

_____ Poor carbohydrate utilization
_____ Refined carbohydrate
_____ Overweight
_____ Weight control is a major problem
_____ Water Retention
_____ Bowel Irregularities
_____ Poor Skin tone
_____ Occasional Itching
_____ **Total for Section B-1**

_____ Headaches
_____ Anxiety
_____ Nervous tension
_____ Vertigo
_____ Disorientation
_____ Occasional Memory Lapse
_____ Lower Back Pain
_____ Leg Pain

Section B-2

_____ Diabetes
_____ Pre-diabetic
_____ Dysinsulinism tendencies
_____ Adverse reactions to sugar and starches
_____ Have you ever had 6-Hour glucose tolerance test?
_____ Swelling of the joints
_____ **Total for Section B-2**

_____ Poor Vision
_____ Mood Swings

_____ **Grand Total - Section B**

Section C-1

_____ Periodic moments of elation followed by times of extreme fatigue
_____ Dietary inconsistencies such as excessive food intake followed by dietary restrictions
_____ Cycles of diarrhea and constipation
_____ A feeling of pressure in ears.
_____ Poor protein digestion
_____ Poor Gall bladder integrity - stones, pain, inability to digest fats/oils
_____ Bouts with sugar cravings
_____ Bowel Gas
_____ **Total for Section C-1**

Section C-2

_____ Excessive food intake
_____ Lack of fluid consumption
_____ Excessive metabolic waste production
_____ Headaches

_____ Constipation
_____ Malabsorption syndrome
_____ Diarrhea
_____ **Total for Section C-2**

_____ **Grand Total for Section C**

Section D-1

_____ Overweight
_____ Poor mineral assimilation
_____ More than average sleep required
_____ Predisposed to colds
_____ Predisposed to flu viruses
_____ Sinus problems
_____ **Total for Section D-1**

_____ Allergic reactions
_____ Cold feet
_____ Cold hands
_____ Indigestion
_____ Easily Fatigued

Section D-2

_____ Slow metabolism
_____ Low Energy or fatigue
_____ Adrenals
_____ Thyroid
_____ **Total for Section D-2**

_____ Chronic Condition of the _____
_____ Vertigo
_____ Pituitary

_____ **Grand Total for Section D**

Section E-1

_____ Nervous Tension
_____ Anxiety
_____ Hyperactivity
_____ High Cholesterol
_____ Irregular blood pressure
_____ Headaches
_____ Easily Annoyed
_____ **Total for Section E-1**

_____ Easily Distracted
_____ Sense of hunger even after meals
_____ Depression
_____ Water Retention
_____ Pulse rate easily accelerated above normal
_____ Shortness of breath

Section E-2

_____ Bone and Joint Disease
_____ Nerve transmission syndromes
_____ Muscle spasms

_____ Lack of tissue salts
_____ Cramps
_____ Aches

_____ High blood pressure
_____ Low blood pressure
_____ Diarrhea
_____ Renal tubular damage
_____ Acidosis
_____ Adrenocortical insufficiency
_____ Take Diuretics

_____ General pain
_____ Nervousness
_____ Hyperactivity
_____ Sleeplessness
_____ Arthritis
_____ Severe burns

If currently Diuretics -- Dosage: _____ Frequency: _____ (# of times) Daily Weekly Monthly

_____ **Total for Section E-2**

_____ **Grand Total for Section E**

Section F-1

_____ Drowsiness
_____ Weight control problems
_____ Excessive water retention
_____ Lack of stamina
_____ Hypertensive
_____ Temperature sensitive
_____ **Total for Section F-1**

_____ Moods change with weather
_____ Headaches
_____ Ringing in Ears
_____ Oily Skin
_____ Halitosis (bad breath)
_____ Nervousness

Section F-2

_____ Liver problems
_____ Gall bladder problems
_____ Poor digestion
_____ Dry Skin
_____ Cold flashes
_____ Hot flashes
_____ Edema
_____ **Total for Section F-2**

_____ Hypertension
_____ Taking metabolic altering medication(s)
_____ Hyperaldosteronism
_____ Cushings syndrome
_____ Cerebral damage
_____ Disturbances of consciousness

_____ **Grand Total for Section F**

Section G-1

_____ Premature aging
_____ Hair loss
_____ Elevated levels of toxicity

_____ Poor Circulation
_____ Aches in Joints
_____ Sleeping Difficulties

_____Bowel toxicity
_____Acid Stomach
_____Highly sensitive to lactate and starchy foods
_____Types of Foods Crave: _____
_____Total for Section G-1

Section G-2

_____Indigestion
_____Liver dysfunction
_____Kidney dysfunction
_____Osteoporosis
_____Anemia
_____Infections
_____Immune system weakness
_____Total for Section G-2

_____Lymphatic Congestion
_____Cysts
_____Tumors
_____Lumps
_____Swollen Glands
_____Systemic or Urinary Tract Disease

_____Grand Total for Section G

-----OFFICE USE ONLY-----

MPA Pattern: _____

Date of Dietary Plan Distributed: _____

MAQ Retest Date: _____

(In 3 months)