

### SYMPTOMS QUESTIONNAIRE

Rate each of the following symptoms based upon your typical health profile for:

- Past 48 hours
- Past 30 days

**Points Scale**

- 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	<input type="checkbox"/> Headaches <input type="checkbox"/> Faintness <input type="checkbox"/> Dizziness <input type="checkbox"/> Insomnia	Total: _____
EYES	<input type="checkbox"/> Watery or itchy eyes <input type="checkbox"/> Swollen, reddened or sticky eyelids <input type="checkbox"/> Bags or dark circles under eyes <input type="checkbox"/> Blurred or tunnel vision (does not include near or far-sightedness)	Total: _____
EARS	<input type="checkbox"/> Itchy ears <input type="checkbox"/> Earaches, ear infections <input type="checkbox"/> Drainage from ear <input type="checkbox"/> Ringing in ears, hearing loss	Total: _____
NOSE	<input type="checkbox"/> Stuffy nose <input type="checkbox"/> Sinus problems <input type="checkbox"/> Hay fever <input type="checkbox"/> Sneezing attacks <input type="checkbox"/> Excessive mucus formation	Total: _____
SKIN	<input type="checkbox"/> Acne <input type="checkbox"/> Hives, rashes, dry skin <input type="checkbox"/> Hair loss <input type="checkbox"/> Flushing, hot flashes <input type="checkbox"/> Excessive sweating	Total: _____
HEART	<input type="checkbox"/> Irregular or skipped heartbeat <input type="checkbox"/> Rapid or pounding heartbeat <input type="checkbox"/> Chest pain	Total: _____
LUNGS	<input type="checkbox"/> Chest congestion <input type="checkbox"/> Asthma, bronchitis <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulty breathing	Total: _____

DIGESTIVE TRACT	<input type="checkbox"/> Nausea, vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloating feeling <input type="checkbox"/> Belching, passing gas <input type="checkbox"/> Heartburn <input type="checkbox"/> Intestinal/stomach pain	Total: _____
JOINTS MUSCLES	<input type="checkbox"/> Pain or aches in joints <input type="checkbox"/> Arthritis <input type="checkbox"/> Stiffness or limitation of movement <input type="checkbox"/> Pain or aches in muscles <input type="checkbox"/> Feeling of weakness or tiredness	Total: _____
WEIGHT	<input type="checkbox"/> Binge eating/drinking <input type="checkbox"/> Craving certain foods <input type="checkbox"/> Excessive weight <input type="checkbox"/> Compulsive eating <input type="checkbox"/> Water retention <input type="checkbox"/> Underweight	Total: _____
ENERGY ACTIVITY	<input type="checkbox"/> Fatigue, sluggishness <input type="checkbox"/> Apathy, lethargy <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Restlessness	Total: _____
MIND	<input type="checkbox"/> Poor memory <input type="checkbox"/> Confusion, poor comprehension <input type="checkbox"/> Poor concentration <input type="checkbox"/> Poor physical coordination <input type="checkbox"/> Difficulty in making decisions <input type="checkbox"/> Stuttering or stammering <input type="checkbox"/> Slurred speech <input type="checkbox"/> Learning disabilities	Total: _____
EMOTIONS	<input type="checkbox"/> Mood swings <input type="checkbox"/> Anxiety, fear, nervousness <input type="checkbox"/> Anger, irritability, aggressiveness <input type="checkbox"/> Depression	Total: _____
GRAND TOTAL		TOTAL: _____

### Calculating your score

**50 points and above:** anyone scoring over 50 points total or 10 or more in any one section would benefit from a detoxification program.

**25-30 points:** individuals scoring this low will experience greater energy, clarity, vitality and find that nagging symptoms of unknown origin often get better.

Information provided by Metagenics, Inc.