



Integrated Medicine Institute

Metabolic Assessment Questionnaire (MAQ)

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

SCORING POINT 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

	Score:		Section Score:
BALANCE	_____	Poor coordination, poor hand-eye coordination	_____
	_____	Difficulty standing on tip toes for 10 seconds (try it!)	
	_____	Tremors, vertigo, or poor balance, clumsiness	
	_____	If stand on my tip toes for 10 seconds I wobble quite a lot	
GUT DIGESTIVE TRACT	_____	Nausea or vomiting	_____
	_____	Diarrhea or watery motions	
	_____	Constipation (less than one BM daily)	
	_____	Bloated feeling, swollen belly	
	_____	Heartburn, indigestion, "acidity"	
	_____	Belching, or passing gas	
EMOTIONS	_____	Anal fistula, diverticulitis, colitis, hemorrhoids (piles)	_____
	_____	Mood swings	
	_____	Anxiety, or nervousness	
	_____	Anger, irritability, or aggressiveness	
	_____	Depression, (long-lasting)	
ENERGY / ACTIVITY	_____	Energy levels fluctuate widely	_____
	_____	Apathy, lethargy, sluggishness, chronic fatigue	
	_____	Restlessness or Hyperactivity	
	_____	Fatigue after exercise	
EYES/EARS	_____	Ears ringing	_____
	_____	Hearing loss	
	_____	Watery or Itchy eyes	
	_____	Yellowish tinge to the whites of the eyes	
	_____	Swollen, reddened or sticky eyelids	
	_____	Bags or dark circles under eyes	
HEAD	_____	Blurred or tunnel vision	_____
	_____	Headaches	
	_____	Faintness & Dizziness	
	_____	Insomnia or restless sleep	
HEART	_____	Flushed, red appearance of face	_____
	_____	Irregular or skipped heartbeat	
	_____	Rapid or pounding heartbeat	
JOINT / MUSCLES	_____	Chest pain/blocked arteries/high cholesterol	_____
	_____	Pain or aches in muscles, morning stiffness	
	_____	Arthritis pain, joint stiffness or limitation of movement	
	_____	Pain or aches in muscles, body aches like flu	
	_____	Numbness in hands or feet, burning soles or palms	
_____	Tremor of hands		
_____	Muscle weakness, low exercise tolerance		

LUNGS	<input type="checkbox"/>	Chest congestion, catarrh	
	<input type="checkbox"/>	Asthma, bronchitis	
	<input type="checkbox"/>	Shortness of breath	
	<input type="checkbox"/>	Chronic coughing	
MIND	<input type="checkbox"/>	Poor memory, foggy headedness	
	<input type="checkbox"/>	Confusion, poor comprehension	
	<input type="checkbox"/>	Poor concentration or executive decision making	
	<input type="checkbox"/>	Poor visual memory and working memory (short term memory recall low)	
	<input type="checkbox"/>	Slowed mental speed, slow responses	
	<input type="checkbox"/>	Difficulty in making decisions	
	<input type="checkbox"/>	Word searching, forgetting less common words or names	
	<input type="checkbox"/>	Learning disabilities	
	<input type="checkbox"/>	Easily loose my directions	
MOUTH / THROAT	<input type="checkbox"/>	Swollen lymph glands	
	<input type="checkbox"/>	Gagging, frequent need to clear throat	
	<input type="checkbox"/>	Sore throat, hoarseness, loss of voice	
	<input type="checkbox"/>	Coated tongue, or discoloured gums, lips	
	<input type="checkbox"/>	Canker sores, mouth ulcers	
NOSE	<input type="checkbox"/>	Loss or diminished sense of smell	
	<input type="checkbox"/>	Over sensitivity to odours, chemical smells, smoke etc.	
	<input type="checkbox"/>	Stuffy nose or sinus problems	
	<input type="checkbox"/>	Hay fever/Sneezing attacks	
SKIN	<input type="checkbox"/>	Acne/boils, or red spots on chest/back/buttocks	
	<input type="checkbox"/>	Brown "age/liver spots" on hands or face	
	<input type="checkbox"/>	Hives, rashes, or eczema	
	<input type="checkbox"/>	Strong body odour or greasy skin	
	<input type="checkbox"/>	Spontaneous bruises or vasculitis	
	<input type="checkbox"/>	Night sweats or low grade fevers	
WEIGHT	<input type="checkbox"/>	Compulsive eating, addictions	
	<input type="checkbox"/>	Craving certain foods/ drinks	
	<input type="checkbox"/>	Excessive weight, seems unrelated to calories/exercise	
	<input type="checkbox"/>	Fluid retention/edema	
	<input type="checkbox"/>	Underweight, poor appetite	
OTHER	<input type="checkbox"/>	Frequent illness, flu etc.	
	<input type="checkbox"/>	Chronic fatigue	
	<input type="checkbox"/>	Recreational drug cravings (tobacco, alcohol, etc)	
	<input type="checkbox"/>	Very stubborn obesity, weight will not shift	
	<input type="checkbox"/>	Genital or groin itch or discharge	
GRAND TOTAL MAQ SCORE:			

MAQ Scores of 20-40 show moderately high levels of toxicity. Scores of 40-80 are very high, needing considerable attention. MAQ scores over 80 indicate **extreme metabolic overload**, requiring definite prolonged action and may need prior consideration of allergy or bowel infection problems.

If the **Mind, Balance, Smell, and Joint/Muscles** sections are high then toxins are most likely **pollutants** affecting nerves and the cell metabolism. **Is your Gut section high?** Then your mind, skin and nose scores are likely to be related to gut. Treat the gut problems first.

Candida and Low Blood Sugar Assessments

Rate each of the following symptoms based upon your typical health profile for the past 14 days.

SCORING POINT SCALE:

- 0 = Never or almost never have the symptom
- 1 = Occasionally have it, effect is not severe
- 2 = Occasionally have it, effect is severe
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1) Low Blood Sugar Levels:

If you are prone to low blood sugars, you would frequently have symptoms such as the following:

- ✓ Sudden tiredness and poor concentration or faintness if hungry or around 4pm _____
- ✓ Mood swings, including irritability, crying _____
- ✓ Sudden anxiety, heart flutters or tightness in chest _____
- ✓ Headaches, dizziness, & low blood pressure _____
- ✓ Alcohol, sugar and caffeine cravings _____

TOTAL SCORE – Low Blood Sugar: _____

NB - Over 7 it's best to discuss to manage issue during the detox.

2) Candida Fungal Infections

You may not be aware of having this, but Candida Fungal Infections are common owing to the frequent use of antibiotics and oral contraceptives. Candida is also induced by low immunity conditions caused by chronic stress, AIDS, chemotherapy, diabetes and other severe illnesses.

Please score the following Candida related symptoms as above:

- ✓ For women - frequent bouts of vaginal itching _____
- ✓ For men - frequent itching in the groin or anus _____
- ✓ Fungal infections on the skin, toes or scalp _____
- ✓ Intestinal gas and bloating following meals _____
- ✓ Bad reactions to beer - bloating becomes severe _____
- ✓ Heavy white coating on the tongue _____
- ✓ Chronic tiredness / poor concentration _____
- ✓ All these symptoms worse on humid damp days _____
- ✓ Strong sugar cravings _____
- ✓ Use of antibiotics i.e. number of courses in 5 years. _____

TOTAL SCORE – Candida: _____

NB - Over 7 is likely a fungal problem that should be treated first.

Full name:

Phone no.:

Email address: