

# Metabolic Assessment Questionnaire (MAQ)

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**

**3 = Frequently have it, effect is not severe**

**4 = Frequently have it, effect is severe**

DIGESTIVE TRACT	<input type="checkbox"/>	Nausea or vomiting	
	<input type="checkbox"/>	Diarrhea or watery motions	
	<input type="checkbox"/>	Constipation (less than one BM daily)	
	<input type="checkbox"/>	Bloated feeling, heartburn, indigestion	
	<input type="checkbox"/>	Belching, or passing gas	
	<input type="checkbox"/>	Anal fistula, diverticulitis, colitis	<input type="checkbox"/>
EARS	<input type="checkbox"/>	Itchy ears, itchy earlobes	
	<input type="checkbox"/>	Earaches, ear infections	
	<input type="checkbox"/>	Ringing in ears, hearing loss	<input type="checkbox"/>
EMOTIONS	<input type="checkbox"/>	Mood swings	
	<input type="checkbox"/>	Anxiety, or nervousness	
	<input type="checkbox"/>	Anger, irritability, or aggressiveness	
	<input type="checkbox"/>	Depression, (long-lasting)	<input type="checkbox"/>
ENERGY/ACTIVITY	<input type="checkbox"/>	Energy levels fluctuate widely	
	<input type="checkbox"/>	Apathy, lethargy, sluggishness	
	<input type="checkbox"/>	Restlessness or Hyperactivity	
	<input type="checkbox"/>	Fatigue or stiffness on waking	<input type="checkbox"/>
EYES	<input type="checkbox"/>	Watery or itchy eyes	
	<input type="checkbox"/>	Yellowish tinge to the whites of the 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)	<input type="checkbox"/>
HEAD	<input type="checkbox"/>	Headaches	
	<input type="checkbox"/>	Faintness	
	<input type="checkbox"/>	Dizziness	
	<input type="checkbox"/>	Insomnia or restless sleep	
	<input type="checkbox"/>	Flushed, red appearance of face	<input type="checkbox"/>
HEART	<input type="checkbox"/>	Irregular or skipped heartbeat	
	<input type="checkbox"/>	Rapid or pounding heartbeat	
	<input type="checkbox"/>	Chest pain/blocked arteries/high cholesterol	
	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
JOINT/MUSCLES	<input type="checkbox"/>	Pain or aches in joints or lower back	
	<input type="checkbox"/>	Arthritis pain	
	<input type="checkbox"/>	Stiffness or limitation of movement	
	<input type="checkbox"/>	Pain or aches in muscles	

LUNGS	<input type="checkbox"/>	Chest congestion, catarrh	<input type="checkbox"/>
	<input type="checkbox"/>	Asthma, bronchitis	<input type="checkbox"/>
	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>
	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>
	<input type="checkbox"/>	Chronic coughing	<input type="checkbox"/>
MIND	<input type="checkbox"/>	Poor memory, foggy headedness	<input type="checkbox"/>
	<input type="checkbox"/>	Confusion, poor comprehension	<input type="checkbox"/>
	<input type="checkbox"/>	Poor concentration	<input type="checkbox"/>
	<input type="checkbox"/>	Poor physical coordination	<input type="checkbox"/>
	<input type="checkbox"/>	Difficulty in making decisions	<input type="checkbox"/>
	<input type="checkbox"/>	Stuttering or stammering or slurred speech	<input type="checkbox"/>
	<input type="checkbox"/>	Learning disabilities	<input type="checkbox"/>
MOUTH/ THROAT	<input type="checkbox"/>	Swollen lymph glands	<input type="checkbox"/>
	<input type="checkbox"/>	Gagging, frequent need to clear throat	<input type="checkbox"/>
	<input type="checkbox"/>	Sore throat, hoarseness, loss of voice	<input type="checkbox"/>
	<input type="checkbox"/>	Coated tongue, or discoloured gums, lips	<input type="checkbox"/>
	<input type="checkbox"/>	Canker sores, mouth ulcers	<input type="checkbox"/>
NOSE	<input type="checkbox"/>	Itchy nose	<input type="checkbox"/>
	<input type="checkbox"/>	Stuffy nose or sinus problems	<input type="checkbox"/>
	<input type="checkbox"/>	Hay fever/Sneezing attacks	<input type="checkbox"/>
	<input type="checkbox"/>	Post nasal drip/throat clearing	<input type="checkbox"/>
SKIN	<input type="checkbox"/>	Acne/boils, or red spots on chest/back/buttocks	<input type="checkbox"/>
	<input type="checkbox"/>	Brown "age/liver spots" on hands or face	<input type="checkbox"/>
	<input type="checkbox"/>	Hives, rashes, or eczema	<input type="checkbox"/>
	<input type="checkbox"/>	Strong body odour or greasy skin	<input type="checkbox"/>
	<input type="checkbox"/>	Flushing or hot flashes	<input type="checkbox"/>
	<input type="checkbox"/>	Excessive sweating	<input type="checkbox"/>
WEIGHT	<input type="checkbox"/>	Compulsive eating, addictions	<input type="checkbox"/>
	<input type="checkbox"/>	Craving certain foods/ drinks	<input type="checkbox"/>
	<input type="checkbox"/>	Excessive weight	<input type="checkbox"/>
	<input type="checkbox"/>	Fluid retention/edema	<input type="checkbox"/>
	<input type="checkbox"/>	Underweight, poor appetite	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	Frequent illness, 'flu etc.	<input type="checkbox"/>
	<input type="checkbox"/>	Heavy, painful periods	<input type="checkbox"/>
	<input type="checkbox"/>	Recreational drug cravings (tobacco, cocaine, alcohol, etc)	<input type="checkbox"/>
	<input type="checkbox"/>	Very stubborn obesity, weight will not shift	<input type="checkbox"/>
	<input type="checkbox"/>	Genital or groin itch or discharge	<input type="checkbox"/>
		<b>GRAND TOTAL MAQ SCORE</b>	<b>: <input type="checkbox"/></b>

Your total symptoms indicate your level of metabolic disfunction affecting your metabolism. This overload can be from poor diet and poor elimination or pollutants or from bowel toxins (unfriendly bacteria, parasites and yeast in your gut). 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.

Digestive scores over 6 – please discuss with us before starting

You may have a fungal or parasitic infection on your intestines if the score is over 6

# Candida and Low Blood Sugar Assessments

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

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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** \_\_\_\_\_

## 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** \_\_\_\_\_

Thanks – please remember to bring this to your orientation night

Graeme Bradhaw B.Sc. N.D Dip Hom.