

ENZYME QUESTIONNAIRE

Metabolic enzymes are needed for every function in the body. This questionnaire identifies the top metabolic functions that are being hindered by a lack of enzymes.

Client Information

Name: _____ Date: _____

Address: _____ Phone: _____

Best time to reach you for phone evaluation: _____

Any other information you would like us to know:

List foods you crave:

List foods you avoid:

Family History

Please put an X in the appropriate areas

	MOTHER	FATHER	SIBLING
<u>Carbohydrates</u>			
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Heart Dis.	_____	_____	_____
<u>Proteins</u>			
Cancer	_____	_____	_____
Arthritis	_____	_____	_____
Kidney Dis.	_____	_____	_____
<u>Fats</u>			
Diabetes	_____	_____	_____
Stomach	_____	_____	_____
Disorders	_____	_____	_____
Other Conditions	_____	_____	_____

Signs & Symptoms Survey

Please score each question as follows:

3 points = if this is a major problem (Severe or happens frequently)

1 point = if this is a minor problem (Happens infrequently or is not severe)

If you never have the problem, leave it blank. If you do not understand the question, please circle it and we will discuss it.

SECTION I. DIET

Group A (5)

1. Histories of spinal disc problems or back surgery _____
2. Irritated or receding gums, loose teeth _____
3. Slow reaction time -inability to concentrate _____
4. Bone spurs in spine of heels _____
5. Clicking jaw or jaw pain _____

Subtotal

Group B (6)

1. History of speech impediment, stuttering or stammering _____
2. Dry, itchy eyes, or dry mouth _____
3. Poor memory _____
4. Frequent sore throat, or sores on tongue or in mouth _____
5. Inability to relax, become serene, or meditate _____

Subtotal

Group C (8)

1. History of frequent sores on mouth, tongue or lips _____
2. Frequent muscle soreness across the neck and shoulders _____
3. Dry flaky skin, dandruff, hair falling out _____
4. Painful ribs, pleurisy, pain on inhalation, etc _____
5. Sharp chest or shoulder pain, worse when *coughing/sneezing* _____

Subtotal

Group D (2)

1. History of diabetes _____
2. High triglycerides and cholesterol levels _____
3. High blood pressure _____
4. Dizziness or light-headedness when changing positions _____
5. Headaches on side of the head and temples _____

Subtotal

Group E (33)

1. History of diabetes in your family _____
2. Blood sugar problems, either hypoglycemia or diabetes _____
3. Unable to control appetite _____
4. Desire to loose weight _____
5. Need a meal replacement _____

Subtotal

SECTION II. DIGESTION

Group A (4)

1. History of gall bladder stones or surgery
2. Intolerance of fats and spicy foods
3. Bloating and burping with frequent sour taste in mouth
4. Have frequent constipation with light colored stools
5. Nausea or discomfort under the right rib cage after eating

Subtotal

Group B (14)

1. History of asthma or chronic bronchitis
2. Craving or thirst for cold liquids or foods
3. Intolerance of dairy products, grains or sugar
4. Sensitive to air pollutants, such as perfumes, smoke, etc
5. Have discomfort under the left rib cage after eating

Subtotal

Group C (32)

1. History of pernicious anemia
2. Loss of taste for meat
3. Strong desire to eat when not hungry
4. Indigestion, particularly 2 or 3 hours after eating
5. Flatulence, lower bowel gas

Subtotal

Group D (12)

1. History of hiatal hernia or gastric burning
2. Frequent heartburn or indigestion with nausea and pain
3. Acid rebound after eating
4. Frequent use of antacids
5. Pain or burning in stomach is relieved by eating

Subtotal

Group E (30)

1. History of chronic indigestion
2. Unusual fullness after eating
3. Frequent abdominal cramping after eating
4. Lower bowel gas, unaware of what foods cause the problem
5. Undigested food, capsules or tablets found in stool

Subtotal

Group F (34)

1. Painful gas
2. Bloating after eating dairy
3. Diarrhea after eating dairy

Subtotal

SECTION III. DETOXIFY

Group A (4)

- 1. History of chronic sinus problems
- 2. Loss of sense of smell, or an obstruction to nasal breathing
- 3. Bothered by thick mucous in sinuses or discharges from nose
- 4. Frequent nosebleeds
- 5. Facial pain or paralysis

Subtotal

Group B (19)

- 1. History of skin disorders, such as acne
- 2. Dermatitis, eczema or psoriasis
- 3. Have many warts or moles
- 4. Frequent skin eruptions or rashes
- 5. Excessive perspiration or lack of perspiration

Subtotal

Group C (29)

- 1. Always tired -unable to meet daily requirements
- 2. Loss of appetite or feel better if you don't eat
- 3. Itching around rectum and groin
- 4. Restless sleep, gnawing of teeth
- 5. Thin and have difficulty gaining weight

Subtotal

Group D (17)

- 1. History of chronic or frequent yeast infections
- 2. Constipation alternating with diarrhea
- 3. Foul odor to stool, urine and/or breath
- 4. Unusually large appetite -cannot control urge to eat
- 5. Frequent or prolonged use of antibiotics

Subtotal

Group E (15)

- 1. History of chronic viral problems such as Epstein-Barr, etc
- 2. Get sleepy after meals, fatigued and low energy levels
- 3. Have an iron deficiency, pale skin, lips and nails
- 4. Frequently have a low-grade temperature of unknown origin
- 5. Frequent mild, nagging headaches

Subtotal

Group F (16)

- 1. History of hepatitis, jaundice or other liver disorder
- 2. Coated tongue
- 3. Loss of appetite, especially for meat -may cause nausea
- 4. Water retention, swelling of hands and feet
- 5. Intolerance of alcohol and/or certain prescription drugs

Subtotal

SECTION IV. ELIMINATION

Group A (18)

- 1. History of low blood sugar associated with sugar intolerance
- 2. Air-borne allergies, hay fever, allergic to animals or flowers
- 3. Nausea or vomiting-type of ingestion -morning sickness
- 4. Dark circles under the eyes
- 5. Muscular-type lower back pain

Subtotal

Group B (20)

- 1. History of constipation with frequent bowel movements
- 2. Frequent use of laxatives or enemas
- 3. Hard, painful stools
- 4. Lower abdominal pain
- 5. Muscular-type lower back pain

Subtotal

Group C (21)

- 1. History of colitis or other disorders of the large intestine
- 2. Blood or mucous seen in stool
- 3. Frequent or soft bowel movements or diarrhea
- 4. Frequent episodes of pain in lower left abdomen
- 5. Painful bowel movements

Subtotal

Group D (24)

- 1. History of kidney stones
- 2. Frequent bladder infections or pain when voiding
- 3. Frequent urination, urgency or loss of control
- 4. Pass small amounts of urine at each voiding
- 5. Pain or discomfort when urinating

Subtotal

SECTION V. HOMEOSTASIS

Group A (1)

- 1. Are you a Type A personality? For example driven or aggressive
- 2. Tendency to problems of indigestion or constipation
- 3. Stiff joints, especially after rest -loss of mobility
- 4. Sensitive to sudden sounds -startle easily
- 5. Headaches in back of head and neck

Subtotal

Group B (25)

- 1. Would you describe yourself as having a Type B personality, for example easy going, calm, keep things inside yourself
- 2. Respiratory symptoms, running nose, chest congestion, etc
- 3. History of bone disorders, spurs, osteoporosis, etc.
- 4. Dry night cough that wakes you up
- 5. Restlessness, hyperirritability or restless legs at nights

Subtotal

Group C (7)

- 1. History of thyroid gland disorders or medication _____
- 2. White spots on fingernail _____
- 3. Suffer from motion sickness _____
- 4. Neck, shoulder, arm or hand pain or frequent leg cramps _____
- 5. Poor circulation, cold hands and feet _____

Subtotal

Group D (13)

- 1. History of low blood pressure problems _____
- 2. A wake after sleeping a few hours and can't go back to sleep _____
- 3. Dizziness or light-headedness especially when bending over _____
- 4. Suffer from frequent nightmares or panic attacks _____
- 5. Frequent mood swings, feeling "blue" or melancholy _____

Subtotal

Group E (22)

- 1. History of prostate disorders or medication _____
- 2. Frequent night urination and or dribbling _____
- 3. Loss of sexual urge or painful intercourse _____
- 4. Bone-aches, as in arthritis or flu-like symptoms _____
- 5. Painful legs especially in groin and down the front of thigh _____

Subtotal

Group F (23)

- 1. History of hysterectomy/estrogen therapy and/or hot flashes _____
- 2. Painful menses and symptoms of P. M.S. _____
- 3. Vaginal discharge or excessive menstruation (flow) _____
- 4. Lack of menstruation, scanty flow, irregular periods _____
- 5. Painful legs, especially down the sides of back of thigh _____

Subtotal

Group G (31)

- 1. Generalized malaise, e.i. lackadaisical attitude _____
- 2. Frequent lack of motivation, unable to get started _____
- 3. Fatigue, easily tired _____
- 4. Failure to meet ordinary requirements of daily activities _____
- 5. Failure to respond to specific nutritional schedules _____

Subtotal

SECTION VI. NORISH ORGANS

Group A (3)

- 1. History of cataract, glaucoma or poor vision _____
- 2. Frequent head colds, runny nose and/or watery eyes _____
- 3. Bruise easily and/or slow healing of cuts, etc _____
- 4. Frequent headaches associated with eyestrain or pain _____
- 5. Frequent redness in the eyelids or "sand in your eyes" _____

Subtotal

Group B (9)

1. History of heart disease, taking medications, etc.
2. Irregular heart beat or skipped beats
3. Rapid, shallow breathing, tightness in chest when stressed
4. Have varicose veins and/or hemorrhoids
5. Pain under breastbone on exertion

Subtotal

Group C (10)

1. History of emphysema or other chronic respiratory disorder
2. Shortness of breath or cannot breath deeply
3. Frequent cough, dry or productive
4. Wheezing or difficult breathing when lying on back
5. Shoulder pain or bursitis

Subtotal

Group D (26)

1. History of injury of tailbone
2. Unresolved health problems of unknown origin
3. Inability to concentrate and or frequently day dream
4. History of severe emotional or physical abuse
5. Insomnia- cannot fall asleep at night

Subtotal

Group E (27)

1. History of Herpes virus, oral, genital shingles
2. Severe reaction to bee stings, mosquito bites, etc.
3. Have frequent attacks of hives
4. Muscle soreness and pain resulting from exercise
5. Frequent writer's cramp or stiffness especially after rest

Subtotal

Group F (35)

1. History of osteoarthritis or gout
2. Musculoskeletal pain, difficulty in walking, etc.
3. Bone and joint pain in spine, hips, knees, feet or hands
4. Inflammation i.e. fever, redness, swelling and/or pain
5. Stiff joints or muscles or diagnosed with fibromyalgia

Subtotal

Group G (28)

1. History of kidney disorders, nephritis, etc.
2. Frequent anxiety, use or need tranquilizer
3. Frequent ear infections or ear drainage
4. Low resistance, frequent colds and /or infections
5. Swelling of feet and ankles

Subtotal