

Symptom Survey for MethylGenetic Nutrition

Name _____

Date _____

Account/ Number _____

For the following questions, please decide if you have this issue. If it is not a problem at all, enter 0, if it is **very mild, 1, moderate, 2**, and a **severe and ongoing problem, 3**.

Rating

(place the number in appropriate the column)

Not at all - 0

Mild - 1

Moderate - 2

Severe-3

Section A - Adrenal/Glutamate

A1. Have you ever been told you have adrenal fatigue?

A2. Do you have good energy at night, and then very tired when it's time to get up?

A3. Do you ever get light headed, dizzy or weak, if you stand up too quickly?

A4. Have you ever been told your cortisol pattern is less than optimal?

A5. Do you need energy drinks of coffee to keep going?

Section B - Ammonia

B6. Does your urine or body odor scent resemble ammonia?

B7. Have you ever been told you have high ammonia in the blood?

B8. Have you ever been told you have less than optimal kidney function?

B9. Does a high protein meal make you feel more stiff and sore, especially in the feet?

B10. Do you have burning upon urination?

B11. Do you often have brain fog?

B12. Do you often feel agitated, and for no good reason?

B13. Do you have trouble falling asleep, or staying asleep?

B14. Do you feel as though you have excessive fatigue?

B15. Does it ever feel like breathing is labored, or there is a burning sensation with breathing?

Section C – Anti-Aging

C16. Is taking supplements that may slow the aging process a priority for you?

C17. Do you feel as though you are aging faster than you should be?

Section D – B12

D18. Are you frequently tired or have to take naps?

D19. Do you have numbness or tingling in your extremities?				
D20. Do you have big mood swings?				
D21. Do you worry a lot?				
D22. Have you ever used B12 supplements and felt good on them, or currently take them for energy?				
D23. Have you ever been diagnosed with a B12 deficiency, or take B12 injections?				
D24. Do you have any history of anemia?				
D25. Is your skin pale?				
D26. Do you have a rapid heartbeat or fast breathing?				
D27. Do you take the drug metformin?				
D28. Are you a vegetarian?				
D29. Have you ever been diagnosed with depression?				
D30. Do you find it difficult to do everyday tasks, due to lack of motivation?				
Section E - Blood Sugar				
E31. Do you have spells when you feel faint, relieved by eating?				
E32. Do you crave sweets?				
E33. Is there diabetes in your family?				
E34. Do you tend to collect weight in your abdomen?				
Section F - Cardio-Vascular				
F35. Do you have a history of cold hands and feet?				
F36. Any history of heart attack or stroke?				
F37. Do you have high blood pressure, or taking drugs for blood pressure?				
F38. Any varicose veins or hemorrhoids?				
F39. Have you ever been diagnosed with atherosclerosis?				
F40. Did you or family members have heart attacks, bypass surgery or stents before age 55?				
F41. Any history of blood clots, or been told blood is too thick?				
F42. Did you ever have bypass surgery or stents?				
F43. Any shortness of breath or unusual fatigue with moderate exercise?				
F44. Do you have toenail fungus?				
F45. Any history of heart weakness or heart failure?				
F46. Do you have high cholesterol or take cholesterol medications?				
Section G – Digestive				
G47. Do you have an unusual amount of burping?				

G48. Do you have an unusual amount of gas?				
G49. Do you have IBS?				
G50. Do you have diarrhea frequently?				
G51. Do you have symptoms of candida/fungus? (yeast infections, toe fungus, etc.)				
G52. Do you have chronic constipation?				
G53. Do you often feel full a lot, or have bloating?				
G54. Do you have an autoimmune disease?				
G55. Do you crave carbohydrates for energy?				
G56. Do you have a very large stool?				
G57. Do you have mucus in your stool?				
G58. Are you often not hungry for breakfast?				
G59. Do you need to take digestive enzymes to keep digestion working properly?				
G60. Are stools ever light colored?				
G61. Do you ever see undigested foods in your stools?				
G62. Are your stools often little "pellets"?				
G63. Do you feel irritable if you are late having a meal?				
G64. Do you feel irritable, anxious or fatigued 1 to 2 hours after having a high sugar drink or food?				
G65. Do you feel lightheaded if meals are delayed?				
G66. Have you ever had gallbladder problems or had your gall bladder removed?				
Section H - Environmental Toxin Exposure				
H67. Do you work on or live near farms, where you would be exposed to herbicides and pesticides, or work in lawn care/green houses, where you apply these chemicals?				
H68. Did you ever live in a home where there was heavy use of pesticides?				
Section I - Female Hormonal				
I69. Are your menses irregular or unusual?				
I70. Do you get cysts in your breasts or ovaries?				
I71. Do you have PMS?				
I72. Are you moody around your menses?				
I73. Have you ever been diagnosed with endometriosis?				
I74. Do you have any history of difficulty getting pregnant or miscarriages?				
I75. Do you have excessive facial or body hair?				
I76. Have you experienced excess weight along with acne and facial hair?				

I77. Do you feel more aggressive than you would like to be?				
Section J - Heavy Metal Toxicity				
J78. Do you or have you had mercury (amalgam) fillings or work in a dentist's office?				
J79. Do you or have you lived in a home built prior to 1978 that has lead-based paint?				
J80. Do you smoke or are regularly exposed to inhaling second-hand smoke?				
J81. Do you work in an environment where heavy metal exposure is prevalent?				
J82. Have you had thimerosal containing vaccines?				
J83. Have you ever done hair analysis, or urinalysis, and been told you have high amounts of heavy metals?				
J84. Have you ever been in a job where you are exposed to a fair amount of auto exhaust or contact with oil and gas (truck driver, auto mechanic, etc.)?				
J85. Have you ever had a job where you are exposed to lead, such as painter when lead was still used, construction where you tore down walls with lead paint, exposed to gas when there was lead gas, plumber with lead pipes and soldering, etc?				
Section K - Histamine				
K86. Any spring and fall allergies?				
K87. Do you get hives often?				
K88. Do you get severe reactions to bee or mosquito stings?				
K89. Do you have chronic intestinal inflammation?				
K90. Do you get red, flushed, skin redness or headaches from alcohol, particularly red wine?				
K91. Do you have negative reactions to vinegar or fermented foods like pickles, coleslaw, sauerkraut, or anything fermented?				
K92. Have you ever been told you have a leaky gut?				
K93. Do you get frequent canker sores?				
K94. Do you have eczema?				
K95. Do you have excess itching?				
K96. Do you frequently have a runny nose or watery eyes?				
K97. Do you have sinus issues frequently?				
K98. Do you have diarrhea frequently?				
K99. Do you feel like you are sensitive to "everything"?				
K100. Have you been diagnosed with celiac disease?				
K101. Do you feel bad on gluten foods (Wheat/Barley/Rye)?				
K102. Do you have a fair amount of food allergies?				

K103. Do you have Rheumatoid Arthritis?				
K104. Were you ever diagnosed with an inflammatory bowel disease?				
K105. Do you have a history of yeast or candida infections?				
K106. Were you ever diagnosed with any autoimmune diseases?				
Section L - Inflammation/Oxidative Stress				
L107. Any early memory loss or the beginning of Alzheimer's or dementia?				
L108. Any joint or muscle pain/inflammation?				
L109. Did your hair grey prematurely?				
L110. Have you been diagnosed with anything ending in "-itis?"				
L111. Do you over-exercise or engage in competitive sports?				
L112. Have you ever been told that your CRP or SED rate is high, or any other lab work indicating inflammation?				
L113. Have you been diagnosed with osteopenia or osteoporosis?				
L114. Do you have any degenerative conditions in the body?				
L115. Do you have chronic pain?				
L116. Do you have tinnitus (ringing in the ears)?				
Section M - Liver				
M117. Were you ever diagnosed with a fatty liver?				
M118. Were you ever a heavy user of alcoholic beverages?				
M119. Were you ever told you had high liver enzymes or high bilirubin?				
M120. Do strong smells from cigarettes, perfumes, cleaning products or any other strong chemicals give you a headache or nausea?				
M121. Does your skin appear to have a yellow tint that was not there before or ever see any yellow in the whites of the eyes?				
M122. Are you taking cholesterol medications?				
M123. Were you ever diagnosed with cirrhosis of the liver?				
M124. Do you have an excessive amount of side effects from prescription drugs?				
M125. Do you often experience nausea?				
M126. Do you have fluid accumulation in your abdomen?				
M127. Do you experience swelling in your legs?				
M128. Do you have excessive confusion or drowsiness?				
M129. Have you ever been diagnosed with hepatitis?				
M130. Do you have a lot of brown spots on your skin?				
Section N - Low Dopamine				

N131. Do you have addictive tendencies?				
N132. Do you experience disturbances in gait/walking pattern? (also hyperammonemia)				
N133. Do you experience tremors/shaking?				
Section O - Male Hormonal				
O134. Are you more passive than usual, lacking confidence and assertiveness?				
O135. Are you losing hair on your lower legs?				
Section P - Mitochondrial Dysfunction				
P136. Are you or have you ever been on statin drugs? (also cardiovascular)				
P137. Do you experience muscle weakness? (also ammonia)				
P138. Do you regularly take aspirin, acetaminophen, or naproxen drugs for pain relief?				
P139. Do you experience intolerance to exercise?				
P140. Do you have redness on the palms of your hands and the bottom of your feet?				
P141. Have you ever been told you have elevated homocysteine?				
Section Q - Muscle Mass / Strength				
Q142. Do you feel as though your muscle strength is not what it should be or what you would like it to be?				
Q143. Are you having difficulty getting out of a chair, going steps, or doing everyday tasks?				
Q144. Have you been diagnosed with muscle loss?				
Q145. Are you unable to exercise due to becoming easily fatigued?				
Section R - Neurotransmitters				
R146. Do you experience depression? (also high serotonin and stress/emotional category)				
R147. Do you experience sugar/refined carb cravings? (could also be gut related)				
R148. Do you feel sad and depressed quite often, but have the energy to do daily tasks if you want to?				
R149. Do you feel sad and depressed often because you lack physical energy?				
R150. Do you eat mostly processed or sugar laden foods?				
R151. Do you worry or have difficulty sleeping at night?				
R152. Do you expect the worst to happen?				
R153. Do you cry easily?				
R154. Do you wake up feeling tired and/or weak?				
R155. Do you find yourself avoiding or pulling away from social situations?				

R151. Have you lost interest in sexual activity and find yourself being irritable?				
R156. Have you ever been diagnosed with low serotonin?				
R157. Do you have frequent headaches or migraines?				
R158. Have you ever been diagnosed with schizophrenia or bipolar disease?				
R159. Are you a perfectionist, where everything has to be just right?				
R160. Would you be considered a typical "type A" person, an overachiever?				
R161. Would you be considered a "worrier", always thinking about what may go				
R162. Do you find yourself fearful for no known reason?				
R163. Do you ever have panic attacks?				
R164. Are you generally anxious a lot of the time?				
R165. Have you ever been diagnosed with fibromyalgia or chronic fatigue syndrome?				
R166. Have you been diagnosed with Parkinson's Disease?				
R167. Do you often get motion sickness?				
R168. Would you consider yourself "nervous"?				
R169. Do you ever have heart palpitations?				
R170. Do you ever feel shaky?				
R171. Can you become irritable at the least cause?				
R172. Do you crave salt?				
R173. Do you ever have phobias?				
R174. Do you have muscle tension, especially in the neck, shoulders and jaw?				
R175. Do you feel you make decisions or do things impulsively?				
R176. Do you feel obsessive or compulsive about doing things?				
Section S - Overmethylation				
S177. Do you experience sore muscles or achy joints? (joint pain also symptom of)				
S178. Do you experience insomnia? (**could be neurotransmitter related)				
S179. Do you experience excessive anxiety? (also low serotonin, stress/emotional				
S180. Do you frequently experience dry eyes?				
Section T - Thyroid				
T181. Do you usually feel cold when others are warm?				
T182. Is your face puffy?				
T183. Do you have difficulty losing weight?				
T184. Are the lateral (outer third) part of your eyebrows thin?				
T185. Do you have longitudinal ridges on your finger nails?				
Section U - Undermethylation				

U186. Do you ever suffer from obsessive/compulsive behavior?				
U187. Do you feel you have a lower-than-average tolerance for pain?				
U188. Do you often feel compelled to engage in ritualistic behaviors?				
U189. Do you suffer from symptoms of high histamine? (allergies, allergic skin disorders)				
U190. Do you have asthma? (also inflammation category)				