METABOLIC CLEARING THERAPY TESTING SCALE

Point Scale

1 = Never or almost never have the symptom
2 = Occasionally have it, effect is not severe
3 = Occasionally have it, effect is severe
4 = Frequently have it, effect is not severe
5 = Frequently have it, effect is severe

Digestive Tract	_____ Nausea or vomiting _____ Diarrhea _____ Constipation _____ Bloated feeling _____ Belching or passing gas _____ Heartburn	Total _____
Ears	_____ Itchy ears _____ Earaches, ear infections _____ Drainage from ear _____ Ringing in ears, hearing loss	Total _____
Emotions	_____ Mood swings _____ Anxiety, fear or nervousness _____ Anger, irritability or aggressiveness _____ Depression	Total _____
Energy/ Activity	_____ Fatigue, sluggishness _____ Apathy, fear or nervousness _____ Anger, irritability or aggressiveness _____ Depression	Total _____
Eyes	_____ Watery or itchy eyes _____ Swollen, reddened or sticky eyeballs _____ Bags or dark circles under eyes _____ Blurred or tunnel vision (does not include near- or far-sightedness)	Total _____
Head	_____ Headaches _____ Faintness _____ Dizziness _____ Insomnia	Total _____
Heart	_____ Irregular or skipped hearbeat _____ Rapid or pounding hearbeat _____ Chest pain	Total _____
Joints/ Muscles	_____ Pain or aches in joints _____ Arthritis _____ Stiffness or limitation in movement _____ Pain or aches in muscles _____ Feeling of weakness or tiredness	Total _____

Lungs	_____ Chest congestion _____ Asthma, bronchitis _____ Shortness of breath _____ Difficulty breathing	Total _____
Mind	_____ Poor memory _____ Confusion, poor comprehension _____ Poor concentration _____ Poor physical coordination _____ Difficulty making decisions _____ Stuttering or stammering _____ Slurred speech _____ Learning disabilities	Total _____
Mouth / Throat	_____ Chronic coughing _____ Gagging, frequent need to clear throat _____ Sore throat, hoarseness, loss of voice _____ Swollen or discolored tongue, gums, lips _____ Canker sores	Total _____
Nose	_____ Stuffy nose _____ Sinus problems _____ Hay fever _____ Sneezing attacks _____ Excessive mucus formation	Total _____
Skin	_____ Acne _____ Hives, rashes or dry skin _____ Hair loss _____ Flushing or hot flashes _____ Excessive sweating	Total _____
Weight	_____ Binge eating / drinking _____ Craving certain foods _____ Excessive weight _____ Compulsion eating _____ Water retention _____ Underweight	Total _____
Other	_____ Frequent illness _____ Frequent or urgent urination _____ Genital itch or discharge	Total _____
GRAND TOTAL		_____