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

Category	Symptoms	Total
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 _______

May be reproduced by graduates of the C.H.E.K Institute's CHEK Nutrition & Lifestyle Coach Level II Certification Module

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		___________

May be reproduced by graduates of the C.H.E.K Institute's CHEK Nutrition & Lifestyle Coach Level II Certification Module