

MEBO/PATM Life Quality Test

MEBO means metabolic body odor and it includes systemic body odor, bad breath and any episodes of malodor NOT related to hygiene or flatulence. PATM denotes "People Allergic To Me" condition. The survey asks about symptoms in the past 24 hours or past few days, up to a week before taking this test. Our estimated time for completion is 3-5 minutes. We'll appreciate if you spend a few more minutes for the last free-text question.

* Required

MEBO ID or contact information if you don't have an ID but would like to be invited to participate in the study. *

Your answer

Your uBiome kit # (N/A if you are not sending your sample this time) *

Your answer

Your MEBO/PATM status

Choose

Your Blood group

Choose

How many people interacted with you in the last 24 hours? Let's count everyone whom you speak to and who speaks back or reacts to you in one way or another (real world, not online or on the phone)

1 2 3 4 5 6 7 8 9 10

Not a single person 10 or more

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How many interactions were positive?

1 2 3 4 5 6 7 8 9 10

None was positive All interactions were positive

How many interactions were negative?

1 2 3 4 5 6 7 8 9 10

None was negative All were negative

When you woke up today, how well-rested did you feel? Did you feel very rested, somewhat rested, a little rested, or not at all rested?

- Very rested
- Somewhat rested
- A little rested
- Not at all rested

Have you (or your trust buddy) detected any MEBO/PATM symptoms in the past few days?

Choose 

How long did it take for the smell (or PATM aura) to go away?

- Not applicable (did not have any problems)
- Minutes
- Hours
- Not sure

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How far away could your smell (or PATM toxins) be detected?

1 2 3 4 5 6 7 8 9 10

1 foot 10 feet or farther

I felt depressed and isolated because of MEBO/PATM

Choose ▼

I used heavy-duty scent masking and cleaning products

Choose ▼

I felt fatigued

Choose ▼

My appearance was affected because of MEBO/PATM

Choose ▼

I had problems concentrating

Choose ▼

I tried to stay away from people because of MEBO/PATM

Choose ▼

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I was worrying about or self conscious about my MEBO/PATM

Choose



I had problems interacting with people, was covering my mouth or maintained larger distances from people

Choose



I felt embarrassed because of MEBO/PATM

Choose



I felt miserable or tense because of MEBO/PATM

Choose



I avoided going out because of MEBO/PATM

Choose



I had financial problems because of MEBO/PATM

Choose



I suffered social/personal loss due to MEBO/PATM

Choose



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I was satisfied with life

Choose

Did you have any of these symptoms (check only if applicable)?

	Some of the time	All the time
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or restlessness	<input type="checkbox"/>	<input type="checkbox"/>
Bloating	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Excess gas	<input type="checkbox"/>	<input type="checkbox"/>
Lack of self-confidence	<input type="checkbox"/>	<input type="checkbox"/>
Loss of libido	<input type="checkbox"/>	<input type="checkbox"/>
Irritability or aggression	<input type="checkbox"/>	<input type="checkbox"/>
Problems with self control	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to noise or light	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to temperature	<input type="checkbox"/>	<input type="checkbox"/>
Sluck muscles	<input type="checkbox"/>	<input type="checkbox"/>
Tender painful breasts	<input type="checkbox"/>	<input type="checkbox"/>
Thin or dry skin	<input type="checkbox"/>	<input type="checkbox"/>

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Describe your diet, medications, supplements, physical activity, stress in the last couple of days. If applicable, expected number of days before your next period. Anything different from average?

Your answer

Have you read Informed Consent for this Study?

<https://aurametrix.com/Studies/mebo-microbiome.html> If you want to participate, please, read it and check the box. *

- By clicking this box, I hereby sign and agree to all the terms and policies presented in this Consent Form.
- I do not want to participate

Submit

Page 1 of 1

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