

# Metabolic Assessment Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

## **PART I**

Please list your 5 major health concerns in order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## **PART II** Please circle the appropriate number on all questions below. 0 as the least/never to 3 as the most/always.

<p><b>Category I</b></p> <p>Feeling that bowels do not empty completely            0   1   2   3</p> <p>Lower abdominal pain relieved by passing stool or gas    0   1   2   3</p> <p>Alternating constipation and diarrhea                    0   1   2   3</p> <p>Diarrhea    0   1   2   3</p> <p>Constipation    0   1   2   3</p> <p>Hard, dry, or small stool                                        0   1   2   3</p> <p>Coated tongue or "fuzzy" debris on tongue                0   1   2   3</p> <p>Pass large amount of foul-smelling gas                    0   1   2   3</p> <p>More than 3 bowel movements daily                        0   1   2   3</p> <p>Use laxatives frequently                                        0   1   2   3</p> <p><b>Category II</b></p> <p>Increasing frequency of food reactions                    0   1   2   3</p> <p>Unpredictable food reactions                                0   1   2   3</p> <p>Aches, pains, and swelling throughout the body        0   1   2   3</p> <p>Unpredictable abdominal swelling                        0   1   2   3</p> <p>Frequent bloating and distention after eating            0   1   2   3</p> <p>Abdominal intolerance to sugars and starches            0   1   2   3</p> <p><b>Category III</b></p> <p>Intolerance to smells    0   1   2   3</p> <p>Intolerance to jewelry    0   1   2   3</p> <p>Intolerance to shampoo, lotion, detergents, etc.        0   1   2   3</p> <p>Multiple smell and chemical sensitivities                0   1   2   3</p> <p>Constant skin outbreaks                                        0   1   2   3</p> <p><b>Category IV</b></p> <p>Excessive belching, burping, or bloating                0   1   2   3</p> <p>Gas immediately following a meal                         0   1   2   3</p> <p>Offensive breath     0   1   2   3</p> <p>Difficult bowel movement                                    0   1   2   3</p> <p>Sense of fullness during and after meals                0   1   2   3</p> <p>Difficulty digesting fruits and vegetables;              0   1   2   3</p> <p>undigested food found in stools                            0   1   2   3</p> <p><b>Category V</b></p> <p>Stomach pain, burning, or aching 1-4 hours after eating    0   1   2   3</p> <p>Use antacids    0   1   2   3</p> <p>Feel hungry an hour or two after eating                    0   1   2   3</p> <p>Heartburn when lying down or bending forward        0   1   2   3</p> <p>Temporary relief by using antacids, food, milk, or      0   1   2   3</p> <p>carbonated beverages                                         0   1   2   3</p> <p>Digestive problems subside with rest and relaxation    0   1   2   3</p> <p>Heartburn due to spicy foods, chocolate, citrus,        0   1   2   3</p> <p>peppers, alcohol, and caffeine                            0   1   2   3</p> <p><b>Category VI</b></p> <p>Roughage and fiber cause constipation                    0   1   2   3</p> <p>Indigestion and fullness last 2-4 hours after eating    0   1   2   3</p> <p>Pain, tenderness, soreness on left side under rib cage    0   1   2   3</p> <p>Excessive passage of gas                                        0   1   2   3</p>	<p><b>Category VI (continued)</b></p> <p>Nausea and/or vomiting                                        0   1   2   3</p> <p>Stool undigested, foul smelling, mucous like,            0   1   2   3</p> <p>greasy, or poorly formed                                    0   1   2   3</p> <p>Frequent urination    0   1   2   3</p> <p>Increased thirst and appetite                                0   1   2   3</p> <p><b>Category VII</b></p> <p>Greasy or high-fat foods cause distress                    0   1   2   3</p> <p>Lower bowel gas and/or bloating several hours        0   1   2   3</p> <p>after eating    0   1   2   3</p> <p>Bitter metallic taste in mouth, especially in the morning    0   1   2   3</p> <p>Burpy, fishy taste after consuming fish oils            0   1   2   3</p> <p>Difficulty losing weight                                        0   1   2   3</p> <p>Unexplained itchy skin                                         0   1   2   3</p> <p>Yellowish cast to eyes                                         0   1   2   3</p> <p>Stool color alternates from clay colored to            0   1   2   3</p> <p>normal brown    0   1   2   3</p> <p>Reddened skin, especially palms                            0   1   2   3</p> <p>Dry or flaky skin and/or hair                                0   1   2   3</p> <p>History of gallbladder attacks or stones                0   1   2   3</p> <p>Have you had your gallbladder removed?                0   1   2   3</p> <p><b>Category VIII</b></p> <p>Acne and unhealthy skin                                        0   1   2   3</p> <p>Excessive hair loss    0   1   2   3</p> <p>Overall sense of bloating                                        0   1   2   3</p> <p>Bodily swelling for no reason                                0   1   2   3</p> <p>Hormone imbalances    0   1   2   3</p> <p>Weight gain    0   1   2   3</p> <p>Poor bowel function    0   1   2   3</p> <p>Excessively foul-smelling sweat                            0   1   2   3</p> <p><b>Category IX</b></p> <p>Crave sweets during the day                                0   1   2   3</p> <p>Irritable if meals are missed                                0   1   2   3</p> <p>Depend on coffee to keep going/get started            0   1   2   3</p> <p>Get light-headed if meals are missed                    0   1   2   3</p> <p>Eating relieves fatigue                                        0   1   2   3</p> <p>Feel shaky, jittery, or have tremors                    0   1   2   3</p> <p>Agitated, easily upset, nervous                            0   1   2   3</p> <p>Poor memory/forgetful                                        0   1   2   3</p> <p>Blurred vision    0   1   2   3</p> <p><b>Category X</b></p> <p>Fatigue after meals    0   1   2   3</p> <p>Crave sweets during the day                                0   1   2   3</p> <p>Eating sweets does not relieve cravings for sugar    0   1   2   3</p> <p>Must have sweets after meals                                0   1   2   3</p> <p>Waist girth is equal or larger than hip girth            0   1   2   3</p> <p>Frequent urination    0   1   2   3</p> <p>Increased thirst and appetite                                0   1   2   3</p> <p>Difficulty losing weight                                        0   1   2   3</p>
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# Metabolic Assessment Form (cont)

<b>Category XI</b>			
Cannot stay asleep	0	1	2 3
Crave salt	0	1	2 3
Slow starter in the morning	0	1	2 3
Afternoon fatigue	0	1	2 3
Dizziness when standing up quickly	0	1	2 3
Afternoon headaches	0	1	2 3
Headaches with exertion or stress	0	1	2 3
Weak nails	0	1	2 3
<b>Category XII</b>			
Cannot fall asleep	0	1	2 3
Perspire easily	0	1	2 3
Under high amount of stress	0	1	2 3
Weight gain when under stress	0	1	2 3
Wake up tired even after 6 or more hours of sleep	0	1	2 3
Excessive perspiration or perspiration with little or no activity	0	1	2 3
<b>Category XIII</b>			
Edema and swelling in ankles and wrists	0	1	2 3
Muscle cramping	0	1	2 3
Poor muscle endurance	0	1	2 3
Frequent urination	0	1	2 3
Frequent thirst	0	1	2 3
Crave salt	0	1	2 3
Abnormal sweating from minimal activity	0	1	2 3
Alteration in bowel regularity	0	1	2 3
Inability to hold breath for long periods	0	1	2 3
Shallow, rapid breathing	0	1	2 3
<b>Category XIV</b>			
Tired/sluggish	0	1	2 3
Feel cold—hands, feet, all over	0	1	2 3
Require excessive amounts of sleep to function properly	0	1	2 3
Increase in weight even with low-calorie diet	0	1	2 3
Gain weight easily	0	1	2 3
Difficult, infrequent bowel movements	0	1	2 3
Depression/lack of motivation	0	1	2 3
Morning headaches that wear off as the day progresses	0	1	2 3
Outer third of eyebrow thins	0	1	2 3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2 3
Dryness of skin and/or scalp	0	1	2 3
Mental sluggishness	0	1	2 3
<b>Category XV</b>			
Heart palpitations	0	1	2 3
Inward trembling	0	1	2 3
Increased pulse even at rest	0	1	2 3
Nervous and emotional	0	1	2 3
Insomnia	0	1	2 3
Night sweats	0	1	2 3
Difficulty gaining weight	0	1	2 3
<b>Category XVI</b>			
Diminished sex drive	0	1	2 3
Menstrual disorders or lack of menstruation	0	1	2 3
Increased ability to eat sugars without symptoms	0	1	2 3

<b>Category XVII</b>			
Increased sex drive	0	1	2 3
Tolerance to sugars reduced	0	1	2 3
"Splitting" - type headaches	0	1	2 3
<b>Category XVIII (Males Only)</b>			
Urination difficulty or dribbling	0	1	2 3
Frequent urination	0	1	2 3
Pain inside of legs or heels	0	1	2 3
Feeling of incomplete bowel emptying	0	1	2 3
Leg twitching at night	0	1	2 3
<b>Category XIX (Males Only)</b>			
Decreased libido	0	1	2 3
Decreased number of spontaneous morning erections	0	1	2 3
Decreased fullness of erections	0	1	2 3
Difficulty maintaining morning erections	0	1	2 3
Spells of mental fatigue	0	1	2 3
Inability to concentrate	0	1	2 3
Episodes of depression	0	1	2 3
Muscle soreness	0	1	2 3
Decreased physical stamina	0	1	2 3
Unexplained weight gain	0	1	2 3
Increase in fat distribution around chest and hips	0	1	2 3
Sweating attacks	0	1	2 3
More emotional than in the past	0	1	2 3
<b>Category XX (Menstruating Females Only)</b>			
Perimenopausal	0	1	2 3
Alternating menstrual cycle lengths	0	1	2 3
Extended menstrual cycle (greater than 32 days)	0	1	2 3
Shortened menstrual cycle (less than 24 days)	0	1	2 3
Pain and cramping during periods	0	1	2 3
Scanty blood flow	0	1	2 3
Heavy blood flow	0	1	2 3
Breast pain and swelling during menses	0	1	2 3
Pelvic pain during menses	0	1	2 3
Irritable and depressed during menses	0	1	2 3
Acne	0	1	2 3
Facial hair growth	0	1	2 3
Hair loss/thinning	0	1	2 3
<b>Category XXI (Menopausal Females Only)</b>			
How many years have you been menopausal?		_____years	
Since menopause, do you ever have uterine bleeding?		Yes	No
Hot flashes	0	1	2 3
Mental fogginess	0	1	2 3
Disinterest in sex	0	1	2 3
Mood swings	0	1	2 3
Depression	0	1	2 3
Painful intercourse	0	1	2 3
Shrinking breasts	0	1	2 3
Facial hair growth	0	1	2 3
Acne	0	1	2 3
Increased vaginal pain, dryness, or itching	0	1	2 3

How many alcoholic beverages do you consume per week? \_\_\_\_\_  
 How many caffeinated beverages do you consume per day? \_\_\_\_\_  
 How many times do you eat out per week? \_\_\_\_\_  
 How many times do you eat raw nuts or seeds per week? \_\_\_\_\_  
 List the three worst foods you eat during the average week: \_\_\_\_\_  
 List the three healthiest foods you eat during the average week: \_\_\_\_\_

Rate your stress level on a scale of 1-10 during the average week: \_\_\_\_\_  
 How many times do you eat fish per week? \_\_\_\_\_  
 How many times do you work out per week? \_\_\_\_\_

**PART IV: Please list any medications you currently take and for what conditions:**

**Please list any natural supplements you currently take and for what conditions:**

