

# 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.

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

<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	Yes	No		
Alternating menstrual cycle lengths	Yes	No		
Extended menstrual cycle (greater than 32 days)	Yes	No		
Shortened menstrual cycle (less than 24 days)	Yes	No		
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

**PART III**

How many alcoholic beverages do you consume per week? \_\_\_\_\_ Rate your stress level on a scale of 1-10 during the average week: \_\_\_\_\_

How many caffeinated beverages do you consume per day? \_\_\_\_\_ How many times do you eat fish per week? \_\_\_\_\_

How many times do you eat out per week? \_\_\_\_\_ How many times do you work 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: \_\_\_\_\_

**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: \_\_\_\_\_