

# Metabolic Assessment Form

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

## PART I

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

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

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

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|--|--|
| <p><b>Category I</b></p> <p>Feeling that bowels do not empty completely      0   1   2   3</p> <p>Lower abdominal pain relief 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>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 movements                            0   1   2   3</p> <p>Sense of fullness during and after meals         0   1   2   3</p> <p>Difficulty digesting fruits and vegetables;<br/>undigested foods found in stools                 0   1   2   3</p> <p><b>Category III</b></p> <p>Stomach pain, burning, or aching 1-4<br/>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 from antacids, food,<br/>milk, 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,<br/>peppers, alcohol, and caffeine                 0   1   2   3</p> <p><b>Category IV</b></p> <p>Roughage and fiber cause constipation            0   1   2   3</p> <p>Indigestion and fullness lasts 2-4<br/>hours after eating                                    0   1   2   3</p> <p>Pain, tenderness, soreness on left side<br/>under rib cage                                        0   1   2   3</p> <p>Excessive passage of gas                               0   1   2   3</p> <p>Nausea and/or vomiting                               0   1   2   3</p> <p>Stool undigested, foul smelling,<br/>mucous-like, 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>Difficulty losing weight                                0   1   2   3</p> | <p><b>Category V</b></p> <p>Greasy or high-fat foods cause distress            0   1   2   3</p> <p>Lower bowel gas and or bloating<br/>several hours after eating                        0   1   2   3</p> <p>Bitter metallic taste in mouth,<br/>especially in the morning                         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<br/>to 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         Yes   No</p> <p><b>Category VI</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 yourself going or started 0   1   2   3</p> <p>Get lightheaded 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 VII</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> <p><b>Category VIII</b></p> <p>Cannot stay asleep                                    0   1   2   3</p> <p>Crave salt    0   1   2   3</p> <p>Slow starter in the morning                         0   1   2   3</p> <p>Afternoon fatigue                                     0   1   2   3</p> <p>Dizziness when standing up quickly            0   1   2   3</p> <p>Afternoon headaches                                0   1   2   3</p> <p>Headaches with exertion or stress               0   1   2   3</p> <p>Weak nails    0   1   2   3</p> |
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|  |   |   |     |
|--|---|---|-----|
| <b>Category IX</b>   |   |   |     |
| Cannot fall asleep   | 0 | 1 | 2 3 |
| Perspire easily  | 0 | 1 | 2 3 |
| Under high amounts 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 X</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 gain 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 falling hair | 0 | 1 | 2 3 |
| Dryness of skin and/or scalp   | 0 | 1 | 2 3 |
| Mental sluggishness  | 0 | 1 | 2 3 |
| <b>Category XI</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 XII</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 XIII</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 XIV (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 evacuation              | 0   | 1  | 2 3 |
| Leg nervousness at night                            | 0   | 1  | 2 3 |
| <b>Category XV (Males only)</b>                     |     |    |     |
| Decrease in libido                                  | 0   | 1  | 2 3 |
| Decrease in spontaneous morning erections           | 0   | 1  | 2 3 |
| Decrease in fullness of erections                   | 0   | 1  | 2 3 |
| Difficulty in 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 |
| Decrease in 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 XVI (Menstruating Females Only)</b>     |     |    |     |
| Are you perimenopausal                              | Yes | No |     |
| Alternating menstrual cycle lengths                 | Yes | No |     |
| Extended menstrual cycle, greater than 32 days      | Yes | No |     |
| Shortened menses, less than every 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 breakouts                                      | 0   | 1  | 2 3 |
| Facial hair growth                                  | 0   | 1  | 2 3 |
| Hair loss/thinning                                  | 0   | 1  | 2 3 |
| <b>Category XVII (Menopausal Females Only)</b>      |     |    |     |
| How many years have you been menopausal?            |     |    |     |
| 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 times do you eat out per week? \_\_\_\_\_

How many times a week do you eat fish? \_\_\_\_\_

List the three worst foods you eat during the average week: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

List the three healthiest foods you eat during the average week: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If yes, how many times a day: \_\_\_\_\_

Rate your stress levels on a scale of 1-10 during the average week: \_\_\_\_\_

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

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