

# Metabolic Assessment Form

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

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

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

Please circle the appropriate number "0-3" on all questions below. 0 as the least/never to 3 as the most/ always.

### Category I

- Feeling that bowels do not empty completely..... 0 1 2 3
- Lower abdominal pain relief by passing stool or gas..... 0 1 2 3
- Alternating constipation and diarrhea..... 0 1 2 3
- Diarrhea..... 0 1 2 3
- Constipation..... 0 1 2 3
- Hard, dry, or small stool..... 0 1 2 3
- Coated tongue of "fuzzy" debris on tongue..... 0 1 2 3
- Pass large amount of foul smelling gas..... 0 1 2 3
- More than 3 bowel movements daily..... 0 1 2 3
- Use laxatives frequently..... 0 1 2 3

### Category II

- Excessive belching, burping, or bloating..... 0 1 2 3
- Gas immediately following a meal..... 0 1 2 3
- Offensive breath..... 0 1 2 3
- Difficult bowel movements..... 0 1 2 3
- Sense of fullness during and after meals..... 0 1 2 3
- Difficulty digesting fruits and veggies..... 0 1 2 3
- Undigested foods found in stools..... 0 1 2 3

### Category III

- Stomach pain, burning, or aching 1-4  
Hours after eating..... 0 1 2 3
- Use antacids..... 0 1 2 3
- Feel hungry an hour or two after eating..... 0 1 2 3
- Heartburn when lying down or bending forward..... 0 1 2 3
- Temporary relief from antacids, food,  
Milk, carbonated beverages..... 0 1 2 3
- Digestive problems subside with rest and relaxation..... 0 1 2 3
- Heartburn due to spicy foods, chocolate, citrus,  
Peppers, alcohol, and caffeine..... 0 1 2 3

### Category IV

- Roughage and fiber cause constipation..... 0 1 2 3
- Indigestion and fullness lasts 2-4  
Hours after eating..... 0 1 2 3
- Pain, tenderness, soreness on left side  
Under rib cage..... 0 1 2 3
- Excessive passage of gas..... 0 1 2 3
- Nausea and/or vomiting..... 0 1 2 3
- Stool undigested, foul smelling,  
Mucous-like, greasy, or poorly formed..... 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

### Category V

- Lower bowel gas and or bloating..... 0 1 2 3
- Several hours after eating..... 0 1 2 3
- Bitter metallic taste in mouth,  
Especially in the morning..... 0 1 2 3
- Unexplained itchy skin..... 0 1 2 3
- Yellowish cast to eyes..... 0 1 2 3
- Stool color alternates from clay colored  
To normal brown..... 0 1 2 3
- Reddened skin, especially palms..... 0 1 2 3
- Dry or flaky skin and/or hair..... 0 1 2 3
- History of gallbladder attacks or stones..... 0 1 2 3
- Have you had your gallbladder removed..... 0 1 2 3

### Category VI

- Crave Sweets during the day..... 0 1 2 3
- Irritable if meals are missed..... 0 1 2 3
- Depend on coffee to keep yourself going or started..... 0 1 2 3
- Get lightheaded if meals are missed..... 0 1 2 3
- Eating relieves fatigue..... 0 1 2 3
- Feel shaky, jittery, or have tremors..... 0 1 2 3
- Agitated, easily upset, nervous..... 0 1 2 3
- Poor memory/forgetful..... 0 1 2 3
- Blurred vision..... 0 1 2 3

### Category VII

- Fatigue after meals..... 0 1 2 3
- Crave sweets does not relieve cravings for sugar..... 0 1 2 3
- Must have sweets after meals..... 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

### Category VIII

- 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

**Category IX**

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

**Category X**

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

**Category XI**

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

**Category XII**

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

**Category XIII**

Increased sex drive... 0 1 2 3
Tolerance to sugars reduced... 0 1 2 3
'Splitting' type headaches... 0 1 2 3

**Category XIV (Males Only)**

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

**Category XV (Males only)**

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 maintain 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

**Category XVI (Menstruating Females Only)**

Are you 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 menses, less than every 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 breakouts... 0 1 2 3
Facial hair growth... 0 1 2 3
Hair loss/thinning... 0 1 2 3

**Category XVII (Menopausal Females Only)**

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 caffeinated beverages do you consume per day?

How many times do you eat out per week? How many times a week do you eat raw nuts or seeds?

How many times a week do you eat fish? How many times a week do you workout?

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 are currently taking and for what conditions:

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