

Metabolic Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

PART I

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

1. _____
2. _____
3. _____
4. _____
5. _____

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

| | |
|---|----------------|
| Category I | 0 1 2 3 |
| Feeling that bowels do not empty completely | |
| Lower abdominal pain relief by passing stool or gas | |
| Alternating constipation and diarrhea | |
| Diarrhea | |
| Constipation | |
| Hard dry or small stool | |
| Coated tongue of “fuzzy” debris on tongue | |
| Pass large amount of foul smelling gas | |
| More than 3 bowel movements daily | |
| Do you use laxatives frequently | |
| Category II | 0 1 2 3 |
| Excessive belching burping or bloating | |
| Gas immediately following a meal | |
| Offensive breath | |
| Difficult bowel movements | |
| Sense of fullness during and after meals | |
| Difficulty digesting fruits and vegetables; undigested foods found in stools | |
| Category III | 0 1 2 3 |
| Stomach pain, burning or aching 1- 4 hours after eating | |
| Do you frequently use antacids | |
| Feeling hungry an hour or two after eating | |
| Heartburn when lying down or bending forward | |
| Temporary relief from antacids, food, milk, carbonated beverages | |
| Digestive problems subside with rest and relaxation | |
| Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol and caffeine | |
| Category IV | 0 1 2 3 |
| Roughage and fiber cause constipation | |
| Indigestion and fullness lasts 2-4 hours after eating | |
| Pain, tenderness, soreness on left side | |
| Under rib cage bloated | |
| Excessive passage of gas | |
| Nausea and/or vomiting | |
| Stool undigested, foul smelling, Mucous-like, greasy or poorly formed | |
| Frequent urination | |
| Increased thirst and appetite | |
| Difficulty losing weight | |

| | |
|---|----------------|
| Category V | 0 1 2 3 |
| Greasy or high fat foods cause distress | |
| Lower bowel gas and or bloating several hours after eating | |
| Bitter metallic taste in mouth, especially in the morning | |
| Unexplained itchy skin | |
| Yellowish cast to eyes | |
| Stool color alternates for clay colored to normal brown | |
| Reddened skin, especially palms | |
| Dry or flaky skin and/or hair | |
| History of gallbladder attacks or stones | |
| Have you had your gallbladder removed | |
| | Yes No |
| Category VI | 0 1 2 3 |
| Crave sweets during the day | |
| Irritable if meals are missed | |
| Depend on coffee to keep yourself going or started | |
| Get lightheaded and if meals are missed | |
| Eating relieves fatigue | |
| Feel shaky, jittery, tremors | |
| Agitated, easily upset, nervous | |
| Poor memory, forgetful | |
| Blurred vision | |
| Category VII | 0 1 2 3 |
| Fatigue after meals | |
| Crave sweets during the day | |
| Eating sweets does not relieve cravings for sugar | |
| Must have sweets after meals | |
| Waist girth is equal or larger than hip girth | |
| Frequent urination | |
| Increased thirst & appetite | |
| Difficulty losing weight | |
| Category VIII | 0 1 2 3 |
| Cannot stay asleep | |
| Crave salt | |
| Slow starter in the morning | |
| Afternoon fatigue | |
| Dizziness when standing up quickly | |
| Afternoon headaches | |
| Headaches with exertion or stress | |
| Weak nails | |

| | | | | |
|---|----------|----------|----------|----------|
| Category IX | 0 | 1 | 2 | 3 |
| Cannot fall asleep | | | | |
| Perspire easily | | | | |
| Under high amounts of stress | | | | |
| Weight gain when under stress | | | | |
| Wake up tired even after 6 or more hours of sleep | | | | |
| Excessive perspiration or perspiration with little or no activity | | | | |
| Category X | 0 | 1 | 2 | 3 |
| Tired, sluggish | | | | |
| Feel cold – hands, feet, all over . | | | | |
| Require excessive amounts of sleep to function properly | | | | |
| Increase in weight gain even with low-calorie diet | | | | |
| Gain weight easily | | | | |
| Difficult, infrequent bowel movements | | | | |
| Depression, lack of motivation | | | | |
| Morning headaches that wear off as the day progresses | | | | |
| Outer third of eyebrow thins | | | | |
| Thinning of hair on scalp, face or genitals or excessive falling hair | | | | |
| Dryness of skin and/or scalp | | | | |
| Mental sluggishness | | | | |
| Category XI | 0 | 1 | 2 | 3 |
| Heart palpitations | | | | |
| Inward trembling | | | | |
| Increased pulse even at rest | | | | |
| Nervousness and emotional | | | | |
| Insomnia | | | | |
| Night sweats | | | | |
| Difficulty gaining weight | | | | |
| Category XII | 0 | 1 | 2 | 3 |
| Diminished sex drive | | | | |
| Menstrual disorders of lack of menstruation | | | | |
| Increased ability to eat sugars without symptoms | | | | |
| Category XIII | 0 | 1 | 2 | 3 |
| Increased sex drive | | | | |
| Tolerance to sugars reduced | | | | |
| “Splitting” type headaches | | | | |

| | | | | |
|--|------------|----------|----------|-----------|
| Category XIV (Male Only) | 0 | 1 | 2 | 3 |
| Urination difficulty or dribbling | | | | |
| Urination frequent | | | | |
| Pain inside of legs or heels | | | | |
| Feeling of incomplete bowel evacuation | | | | |
| Leg nervousness at night | | | | |
| Category XV (Males Only) | 0 | 1 | 2 | 3 |
| Decrease in libido | | | | |
| Decrease in spontaneous morning erections | | | | |
| Decrease in fullness of erections | | | | |
| Difficulty in maintain morning erections | | | | |
| Spells of mental fatigue | | | | |
| Inability to concentrate | | | | |
| Episodes of depression | | | | |
| Muscle soreness | | | | |
| Decrease in physical stamina | | | | |
| Unexplained weight gain | | | | |
| Increase in fat distribution around chest and hips | | | | |
| Sweating attacks | | | | |
| More emotional then in the past | | | | |
| Category XVI (Menstruating Females Only) | 0 | 1 | 2 | 3 |
| Are you a menopausal | 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 | | | | |
| Scanty blood flow | | | | |
| Heavy blood flow | | | | |
| Breast pain and swelling during menses | | | | |
| Pelvic pain during menses | | | | |
| Irritable and depressed during menses | | | | |
| Acne break outs | | | | |
| Facial hair growth | | | | |
| Hair loss/thinning | | | | |
| Category XVII (Menopausal Females only) | 0 | 1 | 2 | 3 |
| How many years have you been menopausal? | | | | |
| Do you ever have uterine bleeding since menopause? | Yes | | | No |
| Hot flashes | | | | |
| Mental fogginess | | | | |
| Disinterest in sex | | | | |
| Mood swings | | | | |
| Depression | | | | |
| Painful intercourse | | | | |
| Shrinking breast | | | | |
| Facial hair growth | | | | |
| Acne | | | | |
| Increased vaginal, pain, dryness or itching | | | | |

PART III

How many alcohol beverages they 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 _____ , a week _____.

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: