

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.

Category I		Category VI (continued)	
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		
Pass large amount of foul-smelling gas	0 1 2 3	Category VII	
More than 3 bowel movements daily	0 1 2 3	Greasy or high-fat foods cause distress	0 1 2 3
Use laxatives frequently	0 1 2 3	Lower bowel gas and/or bloating several hours after eating	0 1 2 3
		Bitter metallic taste in mouth, especially in the morning	0 1 2 3
Category II		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
		Category VIII	
Category III		Acne and unhealthy skin	0 1 2 3
Intolerance to smells	0 1 2 3	Excessive hair loss	0 1 2 3
Intolerance to jewelry	0 1 2 3	Overall sense of bloating	0 1 2 3
Intolerance to shampoo, lotion, detergents, etc.	0 1 2 3	Bodily swelling for no reason	0 1 2 3
Multiple smell and chemical sensitivities	0 1 2 3	Hormone imbalances	0 1 2 3
Constant skin outbreaks	0 1 2 3	Weight gain	0 1 2 3
		Poor bowel function	0 1 2 3
Category IV		Excessively foul-smelling sweat	0 1 2 3
Excessive belching, burping, or bloating	0 1 2 3	Category IX	
Gas immediately following a meal	0 1 2 3	Crave sweets during the day	0 1 2 3
Offensive breath	0 1 2 3	Irritable if meals are missed	0 1 2 3
Difficult bowel movement	0 1 2 3	Depend on coffee to keep going/get started	0 1 2 3
Sense of fullness during and after meals	0 1 2 3	Get light-headed if meals are missed	0 1 2 3
Difficulty digesting fruits and vegetables; undigested food found in stools	0 1 2 3	Eating relieves fatigue	0 1 2 3
		Feel shaky, jittery, or have tremors	0 1 2 3
Category V		Agitated, easily upset, nervous	0 1 2 3
Stomach pain, burning, or aching 1-4 hours after eating	0 1 2 3	Poor memory/forgetful	0 1 2 3
Use antacids	0 1 2 3	Blurred vision	0 1 2 3
Feel hungry an hour or two after eating	0 1 2 3	Category X	
Heartburn when lying down or bending forward	0 1 2 3	Fatigue after meals	0 1 2 3
Temporary relief by using antacids, food, milk, or carbonated beverages	0 1 2 3	Crave sweets during the day	0 1 2 3
Digestive problems subside with rest and relaxation	0 1 2 3	Eating sweets does not relieve cravings for sugar	0 1 2 3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	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
Category VI		Frequent urination	0 1 2 3
Roughage and fiber cause constipation	0 1 2 3	Increased thirst and appetite	0 1 2 3
Indigestion and fullness last 2-4 hours after eating	0 1 2 3	Difficulty losing weight	0 1 2 3
Pain, tenderness, soreness on left side under rib cage	0 1 2 3		

Category XI				
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 XII				
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
Category XIII				
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
Category XIV				
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
Category XV				
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 XVI				
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 XVII				
Increased sex drive	0	1	2	3
Tolerance to sugars reduced	0	1	2	3
“Splitting” - type headaches	0	1	2	3
Category XVIII (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 emptying	0	1	2	3
Leg twitching at night	0	1	2	3
Category XIX (Males Only)				
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
Category XX (Menstruating Females Only)				
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
Category XXI (Menopausal Females Only)				
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 foginess	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? _____

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: _____