

# 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.

<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 of "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; undigested foods found in stools . . . . . 0 1 2 3</p> <p><b>Category III</b></p> <p>Stomach pain, burning, or aching 1- 4 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, 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, 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 hours after eating . . . . . 0 1 2 3</p> <p>Pain, tenderness, soreness on left side 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, 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 several hours after eating . . . . . 0 1 2 3</p> <p>Bitter metallic taste in mouth, 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 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:**

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