

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.**

| | | | | |
|--|---|---|---|---|
| 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 vegetables; 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 |
| Do you frequently use antacids? | 0 | 1 | 2 | 3 |
| Feeling 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 | | | | |
| Greasy or high fat foods cause distress | 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 |
| 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 | Yes | No | | |
| 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, 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 during the day | 0 | 1 | 2 | 3 |
| Eating 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 & 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 |

*Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition.
For nutritional purposes only.*

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

| | | | | |
|--|---|---|---|---|
| Urination difficulty or dribbling | 0 | 1 | 2 | 3 |
| Urination frequent | 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

| | | | | |
|--|---|---|---|---|
| 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

| | | | | |
|--|-----|----|---|---|
| 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 break outs | 0 | 1 | 2 | 3 |
| Facial hair growth | 0 | 1 | 2 | 3 |
| Hair loss/thinning | 0 | 1 | 2 | 3 |

Category XVII

| | | | | |
|---|-------|----|---|---|
| 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 |

PART III

How many alcohol 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 currently take and for what conditions:

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