

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

|   |   |   |   |                   |  |     |    |   |   |
|---|---|---|---|-------------------|--|-----|----|---|---|
| <b>Category I</b>                                       |   |   |   | <b>Category V</b> |  |     |    |   |   |
| Feeling that bowels do not empty completely             | 0 | 1 | 2 | 3                 | Greasy or high fat foods cause distress            | 0   | 1  | 2 | 3 |
| Lower abdominal pain relief by passing stool or gas     | 0 | 1 | 2 | 3                 | Lower bowel gas and or bloating                    |     |    |   |   |
| Alternating constipation and diarrhea                   | 0 | 1 | 2 | 3                 | several hours after eating                         | 0   | 1  | 2 | 3 |
| Diarrhea  | 0 | 1 | 2 | 3                 | Bitter metallic taste in mouth,                    |     |    |   |   |
| Constipation  | 0 | 1 | 2 | 3                 | especially in the morning                          | 0   | 1  | 2 | 3 |
| Hard dry or small stool                                 | 0 | 1 | 2 | 3                 | Unexplained itchy skin                             | 0   | 1  | 2 | 3 |
| Coated tongue of "fuzzy" debris on tongue               | 0 | 1 | 2 | 3                 | Yellowish cast to eyes                             | 0   | 1  | 2 | 3 |
| Pass large amount of foul smelling gas                  | 0 | 1 | 2 | 3                 | Stool color alternates from clay colored           |     |    |   |   |
| More than 3 bowel movements daily                       | 0 | 1 | 2 | 3                 | to normal brown                                    | 0   | 1  | 2 | 3 |
| use laxatives frequently                                | 0 | 1 | 2 | 3                 | Reddened skin, especially palms                    | 0   | 1  | 2 | 3 |
|   |   |   |   |                   | Dry or flaky skin and/or hair                      | 0   | 1  | 2 | 3 |
| <b>Category II</b>                                      |   |   |   |                   | History of gallbladder attacks or stones           | 0   | 1  | 2 | 3 |
| Excessive belching burping or bloating                  | 0 | 1 | 2 | 3                 | Have you had your gallbladder removed              | Yes | No |   |   |
| Gas immediately following a meal                        | 0 | 1 | 2 | 3                 |  |     |    |   |   |
| Offensive breath  | 0 | 1 | 2 | 3                 | <b>Category VI</b>                                 |     |    |   |   |
| Difficult bowel movements                               | 0 | 1 | 2 | 3                 | Crave sweets during the day                        | 0   | 1  | 2 | 3 |
| Sense of fullness during and after meals                | 0 | 1 | 2 | 3                 | Irritable if meals are missed                      | 0   | 1  | 2 | 3 |
| Difficulty digesting fruits and vegetables;             |   |   |   |                   | Depend on coffee to keep yourself going or started | 0   | 1  | 2 | 3 |
| undigested foods found in stools                        | 0 | 1 | 2 | 3                 | Get lightheaded if meals are missed                | 0   | 1  | 2 | 3 |
|   |   |   |   |                   | Eating relieves fatigue                            | 0   | 1  | 2 | 3 |
| <b>Category III</b>                                     |   |   |   |                   | Feel shaky, jittery, tremors                       | 0   | 1  | 2 | 3 |
| Stomach pain, burning or aching 1- 4 hours after eating | 0 | 1 | 2 | 3                 | Agitated, easily upset, nervous                    | 0   | 1  | 2 | 3 |
| Do you frequently use antacids                          | 0 | 1 | 2 | 3                 | Poor memory, forgetful                             | 0   | 1  | 2 | 3 |
| Feeling hungry an hour or two after eating              | 0 | 1 | 2 | 3                 | Blurred vision                                     | 0   | 1  | 2 | 3 |
| Heartburn when lying down or bending forward            | 0 | 1 | 2 | 3                 |  |     |    |   |   |
| Temporary relief from antacids, food,                   |   |   |   |                   | <b>Category VII</b>                                |     |    |   |   |
| milk, carbonated beverages                              | 0 | 1 | 2 | 3                 | Fatigue after meals                                | 0   | 1  | 2 | 3 |
| Digestive problems subside with rest and relaxation     | 0 | 1 | 2 | 3                 | Crave sweets during the day                        | 0   | 1  | 2 | 3 |
| Heartburn due to spicy foods, chocolate, citrus,        |   |   |   |                   | Eating sweets does not relieve cravings for sugar  | 0   | 1  | 2 | 3 |
| 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 |
| <b>Category IV</b>                                      |   |   |   |                   | Frequent urination                                 | 0   | 1  | 2 | 3 |
| Roughage and fiber cause constipation                   | 0 | 1 | 2 | 3                 | Increased thirst & appetite                        | 0   | 1  | 2 | 3 |
| Indigestion and fullness lasts 2-4                      |   |   |   |                   | Difficulty losing weight                           | 0   | 1  | 2 | 3 |
| hours after eating                                      | 0 | 1 | 2 | 3                 |  |     |    |   |   |
| Pain, tenderness, soreness on left side                 |   |   |   |                   | <b>Category VIII</b>                               |     |    |   |   |
| under rib cage  | 0 | 1 | 2 | 3                 | Cannot stay asleep                                 | 0   | 1  | 2 | 3 |
| Excessive passage of gas                                | 0 | 1 | 2 | 3                 | Crave salt   | 0   | 1  | 2 | 3 |
| Nausea and/or vomiting                                  | 0 | 1 | 2 | 3                 | Slow starter in the morning                        | 0   | 1  | 2 | 3 |
| Excessive passage of gas                                | 0 | 1 | 2 | 3                 | Afternoon fatigue                                  | 0   | 1  | 2 | 3 |
| Stool undigested, foul smelling,                        |   |   |   |                   | Dizziness when standing up quickly                 | 0   | 1  | 2 | 3 |
| mucous-like, greasy or poorly formed                    | 0 | 1 | 2 | 3                 | Afternoon headaches                                | 0   | 1  | 2 | 3 |
| Frequent urination                                      | 0 | 1 | 2 | 3                 | Headaches with exertion or stress                  | 0   | 1  | 2 | 3 |
| Increased thirst and appetite                           | 0 | 1 | 2 | 3                 | Weak nails   | 0   | 1  | 2 | 3 |
| Difficulty losing weight                                | 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 (Male Only)**

|  |   |   |   |   |
|--|---|---|---|---|
| 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 (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 then in the past                    | 0 | 1 | 2 | 3 |

**Category XVI (Menstruating Females Only)**

|  |     |    |   |   |
|--|-----|----|---|---|
| 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 (Menopausal Females Only)**

|  |       |    |   |   |
|--|-------|----|---|---|
| How many years have you been menopausal?           | _____ |    |   |   |
| Do you ever have uterine bleeding since menopause? | 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 \_\_\_\_\_, 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:**