

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.

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| <p>Category I</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>Category II</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>Category III</p> <p>Stomach pain, burning, or aching 1- 4 hours after eating 0 1 2 3</p> <p>Do you frequently use antacids? 0 1 2 3</p> <p>Feeling 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>Category IV</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>Category V</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>Category VI</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, 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>Category VII</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 & appetite 0 1 2 3</p> <p>Difficulty losing weight 0 1 2 3</p> <p>Category VIII</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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Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition.
For nutritional purposes only.

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

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|---|-----|----|---|---|
| Category XIV (Males 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 than 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? | | | | |
| 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: