

# 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.

<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 relieved 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 or "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
<b>Category II</b>				<b>Category VI</b>					
Excessive belching, burping, or bloating	0	1	2	3	Crave sweets during the day	0	1	2	3
Gas immediately following a meal	0	1	2	3	Irritable if meals are missed	0	1	2	3
Offensive breath	0	1	2	3	Depend on coffee to keep going/get started	0	1	2	3
Difficult bowel movements	0	1	2	3	Get light-headed if meals are missed	0	1	2	3
Sense of fullness during and after meals	0	1	2	3	Eating relieves fatigue	0	1	2	3
Difficulty digesting fruits and vegetables;					Feel shaky, jittery, or have tremors	0	1	2	3
undigested foods found in stools	0	1	2	3	Agitated, easily upset, nervous	0	1	2	3
<b>Category III</b>				<b>Category VII</b>					
Stomach pain, burning, or aching 1-4					Fatigue after meals	0	1	2	3
hours after eating	0	1	2	3	Crave sweets during the day	0	1	2	3
Use antacids	0	1	2	3	Eating sweets does not relieve cravings for sugar	0	1	2	3
Feel hungry an hour or two after eating	0	1	2	3	Must have sweets after meals	0	1	2	3
Heartburn when lying down or bending forward	0	1	2	3	Waist girth is equal to or larger than hip girth	0	1	2	3
Temporary relief by using antacids, food,					Frequent urination	0	1	2	3
milk, or carbonated beverages	0	1	2	3	Increased thirst and appetite	0	1	2	3
Digestive problems subside with rest and relaxation	0	1	2	3	Difficulty losing weight	0	1	2	3
Heartburn due to spicy foods, chocolate, citrus,					<b>Category VIII</b>				
peppers, alcohol, and caffeine	0	1	2	3	Cannot stay asleep	0	1	2	3
<b>Category IV</b>				<b>Category VIII</b>					
Roughage and fiber cause constipation	0	1	2	3	Crave salt	0	1	2	3
Indigestion and fullness last 2-4					Slow starter in the morning	0	1	2	3
hours after eating	0	1	2	3	Afternoon fatigue	0	1	2	3
Pain, tenderness, soreness on left side					Dizziness when standing up quickly	0	1	2	3
under rib cage	0	1	2	3	Afternoon headaches	0	1	2	3
Excessive passage of gas	0	1	2	3	Headaches with exertion or stress	0	1	2	3
Nausea and/or vomiting	0	1	2	3	Weak nails	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 IX**

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 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 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; excessive hair loss	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 (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 XV (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 XVI (Menstruating Females Only)**

Perimenopausal	Yes	No		
Alternating menstrual cycle lengths	Yes	No		
Extended menstrual cycle (greater than every 32 days)	Yes	No		
Shortened menstrual cycle (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	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3

**Category XVII (Menopausal Females Only)**

Category 1: 1 (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

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? \_\_\_\_\_

How many times do you eat fish per week? \_\_\_\_\_

List the three worst foods you eat during the average week: \_\_\_\_\_

List the three healthiest foods you eat 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:**

How many times do you work out per week? \_\_\_\_\_

Do you smoke? YES NO If yes, how many times a day: \_\_\_\_\_

Rate your stress level on a scale of 1-10 during the average week: \_\_\_\_\_