

# 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 check mark 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>0 1 2 3</b>
Feeling that bowels do not empty completely	
Lower abdominal pain relief by passing stool or gas	
Alternating constipation and diarrhea	
Diarrhea	
Constipation	
Hard dry or small stool	
Coated tongue of “fuzzy” debris on tongue	
Pass large amount of foul smelling gas	
More than 3 bowel movements daily	
Do you use laxatives frequently	
<b>Category II</b>	<b>0 1 2 3</b>
Excessive belching burping or bloating	
Gas immediately following a meal	
Offensive breath	
Difficult bowel movements	
Sense of fullness during and after meals	
Difficulty digesting fruits and vegetables; undigested foods found in stools	
<b>Category III</b>	<b>0 1 2 3</b>
Stomach pain, burning or aching 1- 4 hours after eating	
Do you frequently use antacids	
Feeling hungry an hour or two after eating	
Heartburn when lying down or bending forward	
Temporary relief from antacids, food, milk, carbonated beverages	
Digestive problems subside with rest and relaxation	
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol and caffeine	
<b>Category IV</b>	<b>0 1 2 3</b>
Roughage and fiber cause constipation	
Indigestion and fullness lasts 2-4 hours after eating	
Pain, tenderness, soreness on left side	
Under rib cage bloated	
Excessive passage of gas	
Nausea and/or vomiting	
Stool undigested, foul smelling, Mucous-like, greasy or poorly formed	
Frequent urination	
Increased thirst and appetite	
Difficulty losing weight	

<b>Category V</b>	<b>0 1 2 3</b>
Greasy or high fat foods cause distress	
Lower bowel gas and or bloating several hours after eating	
Bitter metallic taste in mouth, especially in the morning	
Unexplained itchy skin	
Yellowish cast to eyes	
Stool color alternates for clay colored to normal brown	
Reddened skin, especially palms	
Dry or flaky skin and/or hair	
History of gallbladder attacks or stones	
Have you had your gallbladder removed	
	<b>Yes No</b>
<b>Category VI</b>	<b>0 1 2 3</b>
Crave sweets during the day	
Irritable if meals are missed	
Depend on coffee to keep yourself going or started	
Get lightheaded and if meals are missed	
Eating relieves fatigue	
Feel shaky, jittery, tremors	
Agitated, easily upset, nervous	
Poor memory, forgetful	
Blurred vision	
<b>Category VII</b>	<b>0 1 2 3</b>
Fatigue after meals	
Crave sweets during the day	
Eating sweets does not relieve cravings for sugar	
Must have sweets after meals	
Waist girth is equal or larger than hip girth	
Frequent urination	
Increased thirst & appetite	
Difficulty losing weight	
<b>Category VIII</b>	<b>0 1 2 3</b>
Cannot stay asleep	
Crave salt	
Slow starter in the morning	
Afternoon fatigue	
Dizziness when standing up quickly	
Afternoon headaches	
Headaches with exertion or stress	
Weak nails	

<b>Category IX</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cannot fall asleep				
Perspire easily				
Under high amounts of stress				
Weight gain when under stress				
Wake up tired even after 6 or more hours of sleep				
Excessive perspiration or perspiration with little or no activity				
<b>Category X</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Tired, sluggish				
Feel cold – hands, feet, all over .				
Require excessive amounts of sleep to function properly				
Increase in weight gain even with low-calorie diet				
Gain weight easily				
Difficult, infrequent bowel movements				
Depression, lack of motivation				
Morning headaches that wear off as the day progresses				
Outer third of eyebrow thins				
Thinning of hair on scalp, face or genitals or excessive falling hair				
Dryness of skin and/or scalp				
Mental sluggishness				
<b>Category XI</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Heart palpitations				
Inward trembling				
Increased pulse even at rest				
Nervousness and emotional				
Insomnia				
Night sweats				
Difficulty gaining weight				
<b>Category XII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Diminished sex drive				
Menstrual disorders of lack of menstruation				
Increased ability to eat sugars without symptoms				
<b>Category XIII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Increased sex drive				
Tolerance to sugars reduced				
“Splitting” type headaches				

<b>Category XIV (Male Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Urination difficulty or dribbling				
Urination frequent				
Pain inside of legs or heels				
Feeling of incomplete bowel evacuation				
Leg nervousness at night				
<b>Category XV (Males Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Decrease in libido				
Decrease in spontaneous morning erections				
Decrease in fullness of erections				
Difficulty in maintain morning erections				
Spells of mental fatigue				
Inability to concentrate				
Episodes of depression				
Muscle soreness				
Decrease in physical stamina				
Unexplained weight gain				
Increase in fat distribution around chest and hips				
Sweating attacks				
More emotional then in the past				
<b>Category XVI (Menstruating Females Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Are you a menopausal	<b>Yes</b>			<b>No</b>
Alternating menstrual cycle lengths	<b>Yes</b>			<b>No</b>
Extended menstrual cycle, greater than 32 days	<b>Yes</b>			<b>No</b>
Shortened menses, less than every 24 days	<b>Yes</b>			<b>No</b>
Pain and cramping during periods				
Scanty blood flow				
Heavy blood flow				
Breast pain and swelling during menses				
Pelvic pain during menses				
Irritable and depressed during menses				
Acne break outs				
Facial hair growth				
Hair loss/thinning				
<b>Category XVII (Menopausal Females only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
How many years have you been menopausal?				
Do you ever have uterine bleeding since menopause?	<b>Yes</b>			<b>No</b>
Hot flashes				
Mental fogginess				
Disinterest in sex				
Mood swings				
Depression				
Painful intercourse				
Shrinking breast				
Facial hair growth				
Acne				
Increased vaginal, pain, dryness or itching				

**PART III**

How many alcohol beverages they 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:**