

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 select the appropriate number on all questions below. 0 as the least/never to 3 as the most/always.

	0	1	2	3
Category I				
Feeling that bowels do not empty completely				
Lower abdominal pain relieved by passing stool or gas				
Alternating constipation and diarrhea				
Diarrhea				
Constipation				
Hard, dry, or small stool				
Coated tongue or “fuzzy” debris on tongue				
Pass large amount of foul-smelling gas				
More than 3 bowel movements daily				
Use laxatives frequently				
Category II				
Increasing frequency of food reactions				
Unpredictable food reactions				
Aches, pains, and swelling throughout the body				
Unpredictable abdominal swelling				
Frequent bloating and distention after eating				
Category III				
Intolerance to smells				
Intolerance to jewelry				
Intolerance to shampoo, lotion, detergents, etc				
Multiple smell and chemical sensitivities				
Constant skin outbreaks				
Category IV				
Excessive belching, burping, or bloating				
Gas immediately following a meal				
Offensive breath				
Difficult bowel movements				
Sense of fullness during and after meals				
Difficulty digesting proteins and meats; undigested food found in stools				
Category V				
Stomach pain, burning, or aching 1-4 hours after eating				
Use of antacids				
Feel hungry an hour or two after eating				
Heartburn when lying down or bending forward				
Temporary relief by using antacids, food, milk, or carbonated beverages				
Digestive problems subside with rest and relaxation				
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine				
Category VI				
Difficulty digesting roughage and fiber				
Indigestion and fullness last 2-4 hours after eating				
Pain, tenderness, soreness on left side under rib cage				
Excessive passage of gas				
Nausea and/or vomiting				
Stool undigested, foul smelling, mucus like, greasy, or poorly formed				
Frequent loss of appetite				
Category VII				
Abdominal distention after consumption of fiber, starches, and sugar				
Abdominal distention after certain probiotic or natural supplements				
Decreased gastrointestinal motility, constipation				
Increased gastrointestinal motility, diarrhea				
Alternating constipation and diarrhea				
Suspicion of nutritional malabsorption				
Frequent use of antacid medication				
Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/ Diverticulitis, or Leaky Gut Syndrome?				
				Yes No
Category VIII				
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				
Burpy, fishy taste after consuming fish oils				
Unexplained itchy skin				
Yellowish cast to eyes				
Stool color alternates from 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?				
				Yes No
Category IX				
Acne and unhealthy skin				
Excessive hair loss				
Overall sense of bloating				
Bodily swelling for no reason				
Hormone imbalances				
Weight gain				
Poor bowel function				
Excessively foul-smelling sweat				
Category X				
Crave sweets during the day				
Irritable if meals are missed				
Depend on coffee to keep going/get started				
Get light-headed if meals are missed				
Eating relieves fatigue				
Feel shaky, jittery, or have tremors				
Agitated, easily upset, nervous				
Poor memory, forgetful between meals				
Blurred vision				
Category XI				
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 and appetite				
Difficulty losing weight				

<p>Category XII 0 1 2 3</p> <p>Cannot stay asleep</p> <p>Crave salt</p> <p>Slow starter in the morning</p> <p>Afternoon fatigue</p> <p>Dizziness when standing up quickly</p> <p>Afternoon headaches</p> <p>Headaches with exertion or stress</p> <p>Weak nails</p> <p>Category XIII</p> <p>Cannot fall asleep</p> <p>Perspire easily</p> <p>Under a high amount of stress</p> <p>Weight gain when under stress</p> <p>Wake up tired even after 6 or more hours of sleep</p> <p>Excessive perspiration or perspiration with little or no activity 1 2 3</p> <p>Category XIV</p> <p>Edema and swelling in ankles and wrists</p> <p>Muscle cramping</p> <p>Poor muscle endurance</p> <p>Frequent urination</p> <p>Frequent thirst</p> <p>Crave salt</p> <p>Abnormal sweating from minimal activity</p> <p>Alteration in bowel regularity</p> <p>Inability to hold breath for long periods</p> <p>Shallow, rapid breathing</p> <p>Category XV</p> <p>Tired/sluggish</p> <p>Feel cold—hands, feet, all over</p> <p>Require excessive amounts of sleep to function properly</p> <p>Increase in weight even with low-calorie diet</p> <p>Gain weight easily</p> <p>Difficult, infrequent bowel movements</p> <p>Depression/lack of motivation</p> <p>Morning headaches that wear off as the day progresses</p> <p>Outer third of eyebrow thins</p> <p>Thinning of hair on scalp, face, or genitals, or excessive hair loss</p> <p>Dryness of skin and/or scalp</p> <p>Mental sluggishness</p> <p>Category XVI</p> <p>Heart palpitations</p> <p>Inward trembling</p> <p>Increased pulse even at rest</p> <p>Nervous and emotional</p> <p>Insomnia</p>	<p>Category XVI (Cont.) 0 1 2 3</p> <p>Night sweats</p> <p>Difficulty gaining weight</p> <p>Category XVII (Males Only)</p> <p>Urination difficulty or dribbling</p> <p>Frequent urination</p> <p>Pain inside of legs or heels</p> <p>Feeling of incomplete bowel emptying</p> <p>Leg twitching at night</p> <p>Category XVIII (Males Only)</p> <p>Decreased libido</p> <p>Decreased number of spontaneous morning erections</p> <p>Decreased fullness of erections</p> <p>Difficulty maintaining morning erections</p> <p>Spells of mental fatigue</p> <p>Inability to concentrate</p> <p>Episodes of depression</p> <p>Muscle soreness</p> <p>Decreased physical stamina</p> <p>Unexplained weight gain</p> <p>Increase in fat distribution around chest and hips</p> <p>Sweating attacks</p> <p>More emotional than in the past</p> <p>Category XIX (Menstruating Females Only)</p> <table style="width: 100%; border: none;"> <tr> <td>Perimenopausal</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Alternating menstrual cycle lengths</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Extended menstrual cycle (greater than 32 days)</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Shortened menstrual cycle (less than 24 days)</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Pain and cramping during periods</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Scanty blood flow</td> <td></td> <td></td> </tr> <tr> <td>Heavy blood flow</td> <td></td> <td></td> </tr> <tr> <td>Breast pain and swelling during menses</td> <td></td> <td></td> </tr> <tr> <td>Pelvic pain during menses</td> <td></td> <td></td> </tr> <tr> <td>Irritable and depressed during menses</td> <td></td> <td></td> </tr> <tr> <td>Acne</td> <td></td> <td></td> </tr> <tr> <td>Facial hair growth</td> <td></td> <td></td> </tr> <tr> <td>Hair loss/thinning</td> <td></td> <td></td> </tr> </table> <p>Category XX (Menopausal Females Only)</p> <table style="width: 100%; border: none;"> <tr> <td>How many years have you been menopausal?</td> <td style="text-align: right;">_____ years</td> </tr> <tr> <td>Since menopause, do you ever have uterine bleeding?</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td>Hot flashes</td> <td></td> </tr> <tr> <td>Mental foginess</td> <td></td> </tr> <tr> <td>Disinterest in sex</td> <td></td> </tr> <tr> <td>Mood swings</td> <td></td> </tr> <tr> <td>Depression</td> <td></td> </tr> <tr> <td>Painful intercourse</td> <td></td> </tr> <tr> <td>Shrinking breasts</td> <td></td> </tr> <tr> <td>Facial hair growth</td> <td></td> </tr> <tr> <td>Acne</td> <td></td> </tr> <tr> <td>Increased vaginal pain, dryness, or itching</td> <td></td> </tr> </table>	Perimenopausal			Alternating menstrual cycle lengths	Yes	No	Extended menstrual cycle (greater than 32 days)	Yes	No	Shortened menstrual cycle (less than 24 days)	Yes	No	Pain and cramping during periods	Yes	No	Scanty blood flow			Heavy blood flow			Breast pain and swelling during menses			Pelvic pain during menses			Irritable and depressed during menses			Acne			Facial hair growth			Hair loss/thinning			How many years have you been menopausal?	_____ years	Since menopause, do you ever have uterine bleeding?	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PART III

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? _____

List the three worst foods you eat during the average week: _____

List the three healthiest foods you eat during the average week: _____

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

How many times do you eat fish per week? _____

How many times do you work out per week? _____

PART IV

Please list any medications you currently take and for what conditions:

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