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.

Category I	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category II	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category II	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category IV	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category V	**0**	**1**	**2**	**3**
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	**Yes** ☐		**No** ☐	

Category VI	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category VII	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category VIII	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category IX	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category X	**0**	**1**	**2**	**3**
Tired, sluggish	☐	☐	☐	☐
Feel cold – hands, feel, 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	☐	☐	☐	☐

Category XI	**0**	**1**	**2**	**3**
Heart palpations	☐	☐	☐	☐
Inward trembling	☐	☐	☐	☐
Increased pulse even at rest	☐	☐	☐	☐
Nervousness and emotional	☐	☐	☐	☐
Insomnia	☐	☐	☐	☐
Night sweats	☐	☐	☐	☐
Difficulty gaining weight	☐	☐	☐	☐

Category XII	**0**	**1**	**2**	**3**
Diminished sex drive	☐	☐	☐	☐
Menstrual disorders of lack of menstruation	☐	☐	☐	☐
Increased ability to eat sugars without symptoms	☐	☐	☐	☐

Category XIII	**0**	**1**	**2**	**3**
Increased sex drive	☐	☐	☐	☐
Tolerance to sugars reduced	☐	☐	☐	☐
"Splitting" type headaches	☐	☐	☐	☐

Category XIV (Male Only)	**0**	**1**	**2**	**3**
Urination difficulty or dribbling	☐	☐	☐	☐
Urination frequent	☐	☐	☐	☐
Pain inside of legs or heels	☐	☐	☐	☐
Feeling of incomplete bowel evacuation	☐	☐	☐	☐
Leg nervousness at night	☐	☐	☐	☐

Category XV (Males Only)	**0**	**1**	**2**	**3**
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	☐	☐	☐	☐

Category XVI (Menstruating Females Only)	**0**	**1**	**2**	**3**
Are you a menopausal	**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	☐	☐	☐	☐
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	☐	☐	☐	☐

Category XVII (Menopausal Females only)	**0**	**1**	**2**	**3**
How many years have you been menopausal?		_____		
Do you ever have uterine bleeding since menopause?	**Yes** ☐		**No** ☐	
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:

_____