

Metabolic Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

PART I

Please list your 5 major health concerns in order of importance:

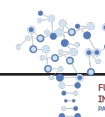
1. _____
2. _____
3. _____
4. _____
5. _____

PART II

Please circle the appropriate number on all questions below.

0 as the least/never to 3 as the most/always.

Category I					Category VI (continued)				
Feeling that bowels do not empty completely	0	1	2	3	Nausea and/or vomiting	0	1	2	3
Lower abdominal pain relieved by passing stool or gas	0	1	2	3	Stool undigested, foul smelling, mucous like, greasy, or poorly formed	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3	Frequent urination	0	1	2	3
Diarrhea	0	1	2	3	Increased thirst and appetite	0	1	2	3
Constipation	0	1	2	3	Category VII				
Hard, dry, or small stool	0	1	2	3	Greasy or high-fat foods cause distress	0	1	2	3
Coated tongue or "fuzzy" debris on tongue	0	1	2	3	Lower bowel gas and/or bloating several hours after eating	0	1	2	3
Pass large amount of foul-smelling gas	0	1	2	3	Bitter metallic taste in mouth, especially in the morning	0	1	2	3
More than 3 bowel movements daily	0	1	2	3	Burpy, fishy taste after consuming fish oils	0	1	2	3
Use laxatives frequently	0	1	2	3	Difficulty losing weight	0	1	2	3
Category II					Unexplained itchy skin	0	1	2	3
Increasing frequency of food reactions	0	1	2	3	Yellowish cast to eyes	0	1	2	3
Unpredictable food reactions	0	1	2	3	Stool color alternates from clay colored to normal brown	0	1	2	3
Aches, pains, and swelling throughout the body	0	1	2	3	Reddened skin, especially palms	0	1	2	3
Unpredictable abdominal swelling	0	1	2	3	Dry or flaky skin and/or hair	0	1	2	3
Frequent bloating and distention after eating	0	1	2	3	History of gallbladder attacks or stones	0	1	2	3
Abdominal intolerance to sugars and starches	0	1	2	3	Have you had your gallbladder removed?	Yes	No		
Category III					Category VIII				
Intolerance to smells	0	1	2	3	Acne and unhealthy skin	0	1	2	3
Intolerance to jewelry	0	1	2	3	Excessive hair loss	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc.	0	1	2	3	Overall sense of bloating	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3	Bodily swelling for no reason	0	1	2	3
Constant skin outbreaks	0	1	2	3	Hormone imbalances	0	1	2	3
Category IV					Weight gain	0	1	2	3
Excessive belching, burping, or bloating	0	1	2	3	Poor bowel function	0	1	2	3
Gas immediately following a meal	0	1	2	3	Excessively foul-smelling sweat	0	1	2	3
Offensive breath	0	1	2	3	Category IX				
Difficult bowel movement	0	1	2	3	Crave sweets during the day	0	1	2	3
Sense of fullness during and after meals	0	1	2	3	Irritable if meals are missed	0	1	2	3
Difficulty digesting fruits and vegetables; undigested food found in stools	0	1	2	3	Depend on coffee to keep going/get started	0	1	2	3
Category V					Get light-headed if meals are missed	0	1	2	3
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3	Eating relieves fatigue	0	1	2	3
Use antacids	0	1	2	3	Feel shaky, jittery, or have tremors	0	1	2	3
Feel hungry an hour or two after eating	0	1	2	3	Agitated, easily upset, nervous	0	1	2	3
Heartburn when lying down or bending forward	0	1	2	3	Poor memory/forgetful	0	1	2	3
Temporary relief by using antacids, food, milk, or carbonated beverages	0	1	2	3	Blurred vision	0	1	2	3
Digestive problems subside with rest and relaxation	0	1	2	3	Category X				
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0	1	2	3	Fatigue after meals	0	1	2	3
Category VI					Crave sweets during the day	0	1	2	3
Roughage and fiber cause constipation	0	1	2	3	Eating sweets does not relieve cravings for sugar	0	1	2	3
Indigestion and fullness last 2-4 hours after eating	0	1	2	3	Must have sweets after meals	0	1	2	3
Pain, tenderness, soreness on left side under rib cage	0	1	2	3	Waist girth is equal or larger than hip girth	0	1	2	3
Excessive passage of gas	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 XI					Category XVII				
Cannot stay asleep	0	1	2	3	Increased sex drive	0	1	2	3
Crave salt	0	1	2	3	Tolerance to sugars reduced	0	1	2	3
Slow starter in the morning	0	1	2	3	“Splitting” - type headaches	0	1	2	3
Afternoon fatigue	0	1	2	3	Category XVIII (Males Only)				
Dizziness when standing up quickly	0	1	2	3	Urination difficulty or dribbling	0	1	2	3
Afternoon headaches	0	1	2	3	Frequent urination	0	1	2	3
Headaches with exertion or stress	0	1	2	3	Pain inside of legs or heels	0	1	2	3
Weak nails	0	1	2	3	Feeling of incomplete bowel emptying	0	1	2	3
Category XII					Leg twitching at night	0	1	2	3
Cannot fall asleep	0	1	2	3	Category XIX (Males Only)				
Perspire easily	0	1	2	3	Decreased libido	0	1	2	3
Under high amount of stress	0	1	2	3	Decreased number of spontaneous morning erections	0	1	2	3
Weight gain when under stress	0	1	2	3	Decreased fullness of erections	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3	Difficulty maintaining morning erections	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3	Spells of mental fatigue	0	1	2	3
Category XIII					Inability to concentrate	0	1	2	3
Edema and swelling in ankles and wrists	0	1	2	3	Episodes of depression	0	1	2	3
Muscle cramping	0	1	2	3	Muscle soreness	0	1	2	3
Poor muscle endurance	0	1	2	3	Decreased physical stamina	0	1	2	3
Frequent urination	0	1	2	3	Unexplained weight gain	0	1	2	3
Frequent thirst	0	1	2	3	Increase in fat distribution around chest and hips	0	1	2	3
Crave salt	0	1	2	3	Sweating attacks	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3	More emotional than in the past	0	1	2	3
Alteration in bowel regularity	0	1	2	3	Category XX (Menstruating Females Only)				
Inability to hold breath for long periods	0	1	2	3	Perimenopausal	Yes	No		
Shallow, rapid breathing	0	1	2	3	Alternating menstrual cycle lengths	Yes	No		
Category XIV					Extended menstrual cycle (greater than 32 days)	Yes	No		
Tired/sluggish	0	1	2	3	Shortened menstrual cycle (less than 24 days)	Yes	No		
Feel cold—hands, feet, all over	0	1	2	3	Pain and cramping during periods	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3	Scanty blood flow	0	1	2	3
Increase in weight even with low-calorie diet	0	1	2	3	Heavy blood flow	0	1	2	3
Gain weight easily	0	1	2	3	Breast pain and swelling during menses	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3	Pelvic pain during menses	0	1	2	3
Depression/lack of motivation	0	1	2	3	Irritable and depressed during menses	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3	Acne	0	1	2	3
Outer third of eyebrow thins	0	1	2	3	Facial hair growth	0	1	2	3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2	3	Hair loss/thinning	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3	Category XXI (Menopausal Females Only)				
Mental sluggishness	0	1	2	3	How many years have you been menopausal?	_____ years			
Category XV					Since menopause, do you ever have uterine bleeding?	Yes	No		
Heart palpitations	0	1	2	3	Hot flashes	0	1	2	3
Inward trembling	0	1	2	3	Mental foggy	0	1	2	3
Increased pulse even at rest	0	1	2	3	Disinterest in sex	0	1	2	3
Nervous and emotional	0	1	2	3	Mood swings	0	1	2	3
Insomnia	0	1	2	3	Depression	0	1	2	3
Night sweats	0	1	2	3	Painful intercourse	0	1	2	3
Difficulty gaining weight	0	1	2	3	Shrinking breasts	0	1	2	3
Category XVI					Facial hair growth	0	1	2	3
Diminished sex drive	0	1	2	3	Acne	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3	Increased vaginal pain, dryness, or itching	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3					

PART III

How many alcoholic beverages do you consume per week? _____	Rate your stress level on a scale of 1-10 during the average week: _____
How many caffeinated beverages do you consume per day? _____	How many times do you eat fish per week? _____
How many times do you eat out per week? _____	How many times do you work 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: _____	

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:

