

# Metabolic Assessment Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please circle the appropriate number "0 - 3" on all questions below. 0 as the least/never to 3 as the most/always.

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

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

|   |   |   |   |   |
|---|---|---|---|---|
| <b>Category IX</b>  |   |   |   |   |
| Cannot fall asleep . . . . .  | 0 | 1 | 2 | 3 |
| Perspire easily . . . . .   | 0 | 1 | 2 | 3 |
| Under high amounts 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<br>little or no activity . . . . .      | 0 | 1 | 2 | 3 |
| <b>Category X</b>   |   |   |   |   |
| Tired, sluggish . . . . .   | 0 | 1 | 2 | 3 |
| Feel cold – hands, feet, all over . . . . .   | 0 | 1 | 2 | 3 |
| Require excessive amounts of sleep to<br>function properly . . . . .                | 0 | 1 | 2 | 3 |
| Increase in weight gain 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<br>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 or<br>excessive falling hair . . . . . | 0 | 1 | 2 | 3 |
| Dryness of skin and/or scalp . . . . .  | 0 | 1 | 2 | 3 |
| Mental sluggishness . . . . .   | 0 | 1 | 2 | 3 |
| <b>Category XI</b>  |   |   |   |   |
| 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 |
| <b>Category XII</b>   |   |   |   |   |
| 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 |
| <b>Category XIII</b>  |   |   |   |   |
| Increased sex drive . . . . .   | 0 | 1 | 2 | 3 |
| Tolerance to sugars reduced . . . . .   | 0 | 1 | 2 | 3 |
| “Splitting” type headaches . . . . .  | 0 | 1 | 2 | 3 |

|  |     |    |   |   |
|--|-----|----|---|---|
| <b>Category XIV (Males only)</b>                             |     |    |   |   |
| 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 evacuation . . . . .             | 0   | 1  | 2 | 3 |
| Leg nervousness at night . . . . .                           | 0   | 1  | 2 | 3 |
| <b>Category XV (Males only)</b>                              |     |    |   |   |
| Decrease in libido . . . . .                                 | 0   | 1  | 2 | 3 |
| Decrease in spontaneous morning erections . . . . .          | 0   | 1  | 2 | 3 |
| Decrease in fullness of erections . . . . .                  | 0   | 1  | 2 | 3 |
| Difficulty in maintain 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 |
| Decrease in 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 |
| <b>Category XVI (Menstruating Females Only)</b>              |     |    |   |   |
| Are you perimenopausal . . . . .                             | 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 . . . . .                   | 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 breakouts . . . . .                                     | 0   | 1  | 2 | 3 |
| Facial hair growth . . . . .                                 | 0   | 1  | 2 | 3 |
| Hair loss/thinning . . . . .                                 | 0   | 1  | 2 | 3 |
| <b>Category XVII (Menopausal Females Only)</b>               |     |    |   |   |
| 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 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: \_\_\_\_\_

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:**