

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				Category VIII					
Increasing frequency of food reactions	0	1	2	3	Unexplained itchy skin	0	1	2	3
Unpredictable food reactions	0	1	2	3	Yellowish cast to eyes	0	1	2	3
Aches, pains, and swelling throughout the body	0	1	2	3	Stool color alternates from clay colored to normal brown	0	1	2	3
Unpredictable abdominal swelling	0	1	2	3	Reddened skin, especially palms	0	1	2	3
Frequent bloating and distention after eating	0	1	2	3	Dry or flaky skin and/or hair	0	1	2	3
Abdominal intolerance to sugars and starches	0	1	2	3	History of gallbladder attacks or stones	0	1	2	3
Category III				Category IX					
Intolerance to smells	0	1	2	3	Crave sweets during the day	0	1	2	3
Intolerance to jewelry	0	1	2	3	Irritable if meals are missed	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc.	0	1	2	3	Depend on coffee to keep going/get started	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3	Get light-headed if meals are missed	0	1	2	3
Constant skin outbreaks	0	1	2	3	Eating relieves fatigue	0	1	2	3
Category IV				Category X					
Excessive belching, burping, or bloating	0	1	2	3	Fatigue after meals	0	1	2	3
Gas immediately following a meal	0	1	2	3	Crave sweets during the day	0	1	2	3
Offensive breath	0	1	2	3	Eating sweets does not relieve cravings for sugar	0	1	2	3
Difficult bowel movement	0	1	2	3	Must have sweets after meals	0	1	2	3
Sense of fullness during and after meals	0	1	2	3	Waist girth is equal or larger than hip girth	0	1	2	3
Difficulty digesting fruits and vegetables; undigested food found in stools	0	1	2	3	Frequent urination	0	1	2	3
Category V				Category XI					
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3	Increased thirst and appetite	0	1	2	3
Use antacids	0	1	2	3	Difficulty losing weight	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 by using antacids, food, milk, or carbonated beverages	0	1	2	3					
Digestive problems subside with rest and relaxation	0	1	2	3					
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0	1	2	3					
Category VI									
Roughage and fiber cause constipation	0	1	2	3					
Indigestion and fullness last 2-4 hours after eating	0	1	2	3					
Pain, tenderness, soreness on left side under rib cage	0	1	2	3					
Excessive passage of gas	0	1	2	3					

Category XI				
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
Category XII				
Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under high amount 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 little or no activity	0	1	2	3
Category XIII				
Edema and swelling in ankles and wrists	0	1	2	3
Muscle cramping	0	1	2	3
Poor muscle endurance	0	1	2	3
Frequent urination	0	1	2	3
Frequent thirst	0	1	2	3
Crave salt	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3
Alteration in bowel regularity	0	1	2	3
Inability to hold breath for long periods	0	1	2	3
Shallow, rapid breathing	0	1	2	3
Category XIV				
Tired/sluggish	0	1	2	3
Feel cold—hands, feet, all over	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3
Increase in weight 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 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 excessive hair loss	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3
Category XV				
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
Category XVI				
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

Category XVII				
Increased sex drive	0	1	2	3
Tolerance to sugars reduced	0	1	2	3
“Splitting” - type headaches	0	1	2	3
Category XVIII (Males Only)				
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 emptying	0	1	2	3
Leg twitching at night	0	1	2	3
Category XIX (Males Only)				
Decreased libido	0	1	2	3
Decreased number of spontaneous morning erections	0	1	2	3
Decreased fullness of erections	0	1	2	3
Difficulty maintaining 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
Decreased 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
Category XX (Menstruating Females Only)				
Perimenopausal		Yes	No	
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	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	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3
Category XXI (Menopausal Females Only)				
How many years have you been menopausal?				years
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

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: _____