

# Metabolic Assessment Form™

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

## PART I

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

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

## PART II

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

<b>Category I</b>				<b>Category VII</b>					
Feeling that bowels do not empty completely	0	1	2	3	Abdominal distention after consumption of fiber, starches, and sugar	0	1	2	3
Lower abdominal pain relieved by passing stool or gas	0	1	2	3	Abdominal distention after certain probiotic or natural supplements	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3	Decreased gastrointestinal motility, constipation	0	1	2	3
Diarrhea	0	1	2	3	Increased gastrointestinal motility, diarrhea	0	1	2	3
Constipation	0	1	2	3	Alternating constipation and diarrhea	0	1	2	3
Hard, dry, or small stool	0	1	2	3	Suspicion of nutritional malabsorption	0	1	2	3
Coated tongue or "fuzzy" debris on tongue	0	1	2	3	Frequent use of antacid medication	0	1	2	3
Pass large amount of foul-smelling gas	0	1	2	3	Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/Diverticulitis, or Leaky Gut Syndrome?	Yes	No		
More than 3 bowel movements daily	0	1	2	3					
Use laxatives frequently	0	1	2	3	<b>Category VIII</b>				
<b>Category II</b>				<b>Category IX</b>					
Increasing frequency of food reactions	0	1	2	3	Greasy or high-fat foods cause distress	0	1	2	3
Unpredictable food reactions	0	1	2	3	Lower bowel gas and/or bloating several hours after eating	0	1	2	3
Aches, pains, and swelling throughout the body	0	1	2	3	Bitter metallic taste in mouth, especially in the morning	0	1	2	3
Unpredictable abdominal swelling	0	1	2	3	Burpy, fishy taste after consuming fish oils	0	1	2	3
Frequent bloating and distention after eating	0	1	2	3	Unexplained itchy skin	0	1	2	3
<b>Category III</b>				<b>Category X</b>					
Intolerance to smells	0	1	2	3	Yellowish cast to eyes	0	1	2	3
Intolerance to jewelry	0	1	2	3	Stool color alternates from clay colored to normal brown	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc	0	1	2	3	Reddened skin, especially palms	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3	Dry or flaky skin and/or hair	0	1	2	3
Constant skin outbreaks	0	1	2	3	History of gallbladder attacks or stones	0	1	2	3
<b>Category IV</b>				<b>Category XI</b>					
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 movements	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 proteins and meats; undigested food found in stools	0	1	2	3	Frequent urination	0	1	2	3
<b>Category V</b>				<b>Category XII</b>					
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3	Increased thirst and appetite	0	1	2	3
Use of 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					

<b>Category XII</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 XIII</b>				
Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under a 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
<b>Category XIV</b>				
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
<b>Category XV</b>				
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
<b>Category XVI</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

<b>Category XVI (Cont.)</b>				
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3
<b>Category XVII (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 emptying	0	1	2	3
Leg twitching at night	0	1	2	3
<b>Category XVIII (Males Only)</b>				
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
<b>Category XIX (Menstruating Females Only)</b>				
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
<b>Category XX (Menopausal Females Only)</b>				
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 foginess	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: \_\_\_\_\_

**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: