

# 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.**

<b>Category I</b>				<b>Category VI</b>					
Feeling that bowels do not empty completely	0	1	2	3	Roughage and fiber cause constipation	0	1	2	3
Lower abdominal pain relieved by passing stool or gas	0	1	2	3	Indigestion and fullness last 2-4 hours after eating	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3	Pain, tenderness, soreness on left side under rib cage	0	1	2	3
Diarrhea	0	1	2	3	Excessive passage of gas	0	1	2	3
Constipation	0	1	2	3	Nausea and/or vomiting	0	1	2	3
Hard, dry, or small stool	0	1	2	3	Stool undigested, foul smelling, mucous like, greasy, or poorly formed	0	1	2	3
Coated tongue or "fuzzy" debris on tongue	0	1	2	3	Frequent urination	0	1	2	3
Pass large amount of foul-smelling gas	0	1	2	3	Increased thirst and appetite	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>				<b>Category VII</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	Difficulty losing weight	0	1	2	3
Abdominal intolerance to sugars and starches	0	1	2	3	Unexplained itchy skin	0	1	2	3
					Yellowish cast to eyes	0	1	2	3
<b>Category III</b>				<b>Category VIII</b>					
Intolerance to smells	0	1	2	3	Stool color alternates from clay colored to normal brown	0	1	2	3
Intolerance to jewelry	0	1	2	3	Reddened skin, especially palms	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc	0	1	2	3	Dry or flaky skin and/or hair	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3	History of gallbladder attacks or stones	0	1	2	3
Constant skin outbreaks	0	1	2	3	Have you had your gallbladder removed?	Yes	No		
<b>Category IV</b>				<b>Category IX</b>					
Excessive belching, burping, or bloating	0	1	2	3	Crave sweets during the day	0	1	2	3
Gas immediately following a meal	0	1	2	3	Irritable if meals are missed	0	1	2	3
Offensive breath	0	1	2	3	Depend on coffee to keep going/get started	0	1	2	3
Difficult bowel movements	0	1	2	3	Get light-headed if meals are missed	0	1	2	3
Sense of fullness during and after meals	0	1	2	3	Eating relieves fatigue	0	1	2	3
Difficulty digesting fruits and vegetables; undigested food found in stools	0	1	2	3	Feel shaky, jittery, or have tremors	0	1	2	3
<b>Category V</b>				<b>Category IX</b>					
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3	Agitated, easily upset, nervous	0	1	2	3
Use of antacids	0	1	2	3	Poor memory/forgetful	0	1	2	3
Feel hungry an hour or two after eating	0	1	2	3	Blurred vision	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 X</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 XI</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 XII</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 XIII</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 XIV</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 XV</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 XVI</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 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: