

# 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.

|   |   |
|---|---|
| <p><b>Category I</b></p> <p>Feeling that bowels do not empty completely      0 1 2 3</p> <p>Lower abdominal pain relieved by passing stool or gas      0 1 2 3</p> <p>Alternating constipation and diarrhea      0 1 2 3</p> <p>Diarrhea      0 1 2 3</p> <p>Constipation      0 1 2 3</p> <p>Hard, dry, or small stool      0 1 2 3</p> <p>Coated tongue or “fuzzy” debris on tongue      0 1 2 3</p> <p>Pass large amount of foul-smelling gas      0 1 2 3</p> <p>More than 3 bowel movements daily      0 1 2 3</p> <p>Use laxatives frequently      0 1 2 3</p> <p><b>Category II</b></p> <p>Increasing frequency of food reactions      0 1 2 3</p> <p>Unpredictable food reactions      0 1 2 3</p> <p>Aches, pains, and swelling throughout the body      0 1 2 3</p> <p>Unpredictable abdominal swelling      0 1 2 3</p> <p>Frequent bloating and distention after eating      0 1 2 3</p> <p><b>Category III</b></p> <p>Intolerance to smells      0 1 2 3</p> <p>Intolerance to jewelry      0 1 2 3</p> <p>Intolerance to shampoo, lotion, detergents, etc      0 1 2 3</p> <p>Multiple smell and chemical sensitivities      0 1 2 3</p> <p>Constant skin outbreaks      0 1 2 3</p> <p><b>Category IV</b></p> <p>Excessive belching, burping, or bloating      0 1 2 3</p> <p>Gas immediately following a meal      0 1 2 3</p> <p>Offensive breath      0 1 2 3</p> <p>Difficult bowel movements      0 1 2 3</p> <p>Sense of fullness during and after meals      0 1 2 3</p> <p>Difficulty digesting proteins and meats; undigested food found in stools      0 1 2 3</p> <p><b>Category V</b></p> <p>Stomach pain, burning, or aching 1-4 hours after eating      0 1 2 3</p> <p>Use of antacids      0 1 2 3</p> <p>Feel hungry an hour or two after eating      0 1 2 3</p> <p>Heartburn when lying down or bending forward      0 1 2 3</p> <p>Temporary relief by using antacids, food, milk, or carbonated beverages      0 1 2 3</p> <p>Digestive problems subside with rest and relaxation      0 1 2 3</p> <p>Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine      0 1 2 3</p> <p><b>Category VI</b></p> <p>Difficulty digesting roughage and fiber      0 1 2 3</p> <p>Indigestion and fullness last 2-4 hours after eating      0 1 2 3</p> <p>Pain, tenderness, soreness on left side under rib cage      0 1 2 3</p> <p>Excessive passage of gas      0 1 2 3</p> <p>Nausea and/or vomiting      0 1 2 3</p> <p>Stool undigested, foul smelling, mucus like, greasy, or poorly formed      0 1 2 3</p> <p>Frequent loss of appetite      0 1 2 3</p> | <p><b>Category VII</b></p> <p>Abdominal distention after consumption of fiber, starches, and sugar      0 1 2 3</p> <p>Abdominal distention after certain probiotic or natural supplements      0 1 2 3</p> <p>Decreased gastrointestinal motility, constipation      0 1 2 3</p> <p>Increased gastrointestinal motility, diarrhea      0 1 2 3</p> <p>Alternating constipation and diarrhea      0 1 2 3</p> <p>Suspicion of nutritional malabsorption      0 1 2 3</p> <p>Frequent use of antacid medication      0 1 2 3</p> <p>Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/Diverticulitis, or Leaky Gut Syndrome?      Yes No</p> <p><b>Category VIII</b></p> <p>Greasy or high-fat foods cause distress      0 1 2 3</p> <p>Lower bowel gas and/or bloating several hours after eating      0 1 2 3</p> <p>Bitter metallic taste in mouth, especially in the morning      0 1 2 3</p> <p>Burpy, fishy taste after consuming fish oils      0 1 2 3</p> <p>Unexplained itchy skin      0 1 2 3</p> <p>Yellowish cast to eyes      0 1 2 3</p> <p>Stool color alternates from clay colored to normal brown      0 1 2 3</p> <p>Reddened skin, especially palms      0 1 2 3</p> <p>Dry or flaky skin and/or hair      0 1 2 3</p> <p>History of gallbladder attacks or stones      0 1 2 3</p> <p>Have you had your gallbladder removed?      Yes No</p> <p><b>Category IX</b></p> <p>Acne and unhealthy skin      0 1 2 3</p> <p>Excessive hair loss      0 1 2 3</p> <p>Overall sense of bloating      0 1 2 3</p> <p>Bodily swelling for no reason      0 1 2 3</p> <p>Hormone imbalances      0 1 2 3</p> <p>Weight gain      0 1 2 3</p> <p>Poor bowel function      0 1 2 3</p> <p>Excessively foul-smelling sweat      0 1 2 3</p> <p><b>Category X</b></p> <p>Crave sweets during the day      0 1 2 3</p> <p>Irritable if meals are missed      0 1 2 3</p> <p>Depend on coffee to keep going/get started      0 1 2 3</p> <p>Get light-headed if meals are missed      0 1 2 3</p> <p>Eating relieves fatigue      0 1 2 3</p> <p>Feel shaky, jittery, or have tremors      0 1 2 3</p> <p>Agitated, easily upset, nervous      0 1 2 3</p> <p>Poor memory, forgetful between meals      0 1 2 3</p> <p>Blurred vision      0 1 2 3</p> <p><b>Category XI</b></p> <p>Fatigue after meals      0 1 2 3</p> <p>Crave sweets during the day      0 1 2 3</p> <p>Eating sweets does not relieve cravings for sugar      0 1 2 3</p> <p>Must have sweets after meals      0 1 2 3</p> <p>Waist girth is equal or larger than hip girth      0 1 2 3</p> <p>Frequent urination      0 1 2 3</p> <p>Increased thirst and appetite      0 1 2 3</p> <p>Difficulty losing weight      0 1 2 3</p> |
|---|---|

|  |   |   |   |   |
|--|---|---|---|---|
| <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 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: \_\_\_\_\_

**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: