

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.

Category I		Category VII	
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		
Category II		Category VIII	
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
Category III		Category IX	
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
Category IV		Have you had your gallbladder removed?	
Excessive belching, burping, or bloating	0 1 2 3	Yes No	
Gas immediately following a meal	0 1 2 3	Category X	
Offensive breath	0 1 2 3	Acne and unhealthy skin	0 1 2 3
Difficult bowel movements	0 1 2 3	Excessive hair loss	0 1 2 3
Sense of fullness during and after meals	0 1 2 3	Overall sense of bloating	0 1 2 3
Difficulty digesting proteins and meats; undigested food found in stools	0 1 2 3	Bodily swelling for no reason	0 1 2 3
Category V		Hormone imbalances	
Stomach pain, burning, or aching 1-4 hours after eating	0 1 2 3	Weight gain	0 1 2 3
Use of antacids	0 1 2 3	Poor bowel function	0 1 2 3
Feel hungry an hour or two after eating	0 1 2 3	Excessively foul-smelling sweat	0 1 2 3
Heartburn when lying down or bending forward	0 1 2 3	Category XI	
Temporary relief by using antacids, food, milk, or carbonated beverages	0 1 2 3	Fatigue after meals	0 1 2 3
Digestive problems subside with rest and relaxation	0 1 2 3	Crave sweets during the day	0 1 2 3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0 1 2 3	Eating sweets does not relieve cravings for sugar	0 1 2 3
Category VI		Must have sweets after meals	
Difficulty digesting roughage and fiber	0 1 2 3	Waist girth is equal or larger than hip girth	0 1 2 3
Indigestion and fullness last 2-4 hours after eating	0 1 2 3	Frequent urination	0 1 2 3
Pain, tenderness, soreness on left side under rib cage	0 1 2 3	Increased thirst and appetite	0 1 2 3
Excessive passage of gas	0 1 2 3	Difficulty losing weight	0 1 2 3
Nausea and/or vomiting	0 1 2 3		
Stool undigested, foul smelling, mucus like, greasy, or poorly formed	0 1 2 3		
Frequent loss of appetite	0 1 2 3		

Category XII				
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 XIII				
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
Category XIV				
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 XV				
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 XVI				
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

Category XVI (Cont.)				
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3
Category XVII (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 XVIII (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 XIX (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 XX (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: _____

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: _____