

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	0	1	2	3	Category VII	0	1	2	3
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 VIII	0	1	2	3
Category II	0	1	2	3	Greasy or high-fat foods cause distress	0	1	2	3
Increasing frequency of food reactions	0	1	2	3	Lower bowel gas and/or bloating several hours after eating	0	1	2	3
Unpredictable food reactions	0	1	2	3	Bitter metallic taste in mouth, especially in the morning	0	1	2	3
Aches, pains, and swelling throughout the body	0	1	2	3	Burpy, fishy taste after consuming fish oils	0	1	2	3
Unpredictable abdominal swelling	0	1	2	3	Unexplained itchy skin	0	1	2	3
Frequent bloating and distention after eating	0	1	2	3	Yellowish cast to eyes	0	1	2	3
Category III	0	1	2	3	Stool color alternates from clay colored to normal brown	0	1	2	3
Intolerance to smells	0	1	2	3	Reddened skin, especially palms	0	1	2	3
Intolerance to jewelry	0	1	2	3	Dry or flaky skin and/or hair	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc	0	1	2	3	History of gallbladder attacks or stones	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3	Have you had your gallbladder removed?	Yes	No		
Constant skin outbreaks	0	1	2	3	Category IX	0	1	2	3
Category IV	0	1	2	3	Acne and unhealthy skin	0	1	2	3
Excessive belching, burping, or bloating	0	1	2	3	Excessive hair loss	0	1	2	3
Gas immediately following a meal	0	1	2	3	Overall sense of bloating	0	1	2	3
Offensive breath	0	1	2	3	Bodily swelling for no reason	0	1	2	3
Difficult bowel movements	0	1	2	3	Hormone imbalances	0	1	2	3
Sense of fullness during and after meals	0	1	2	3	Weight gain	0	1	2	3
Difficulty digesting proteins and meats; undigested food found in stools	0	1	2	3	Poor bowel function	0	1	2	3
Category V	0	1	2	3	Excessively foul-smelling sweat	0	1	2	3
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3	Category X	0	1	2	3
Use of antacids	0	1	2	3	Crave sweets during the day	0	1	2	3
Feel hungry an hour or two after eating	0	1	2	3	Irritable if meals are missed	0	1	2	3
Heartburn when lying down or bending forward	0	1	2	3	Depend on coffee to keep going/get started	0	1	2	3
Temporary relief by using antacids, food, milk, or carbonated beverages	0	1	2	3	Get light-headed if meals are missed	0	1	2	3
Digestive problems subside with rest and relaxation	0	1	2	3	Eating relieves fatigue	0	1	2	3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0	1	2	3	Feel shaky, jittery, or have tremors	0	1	2	3
Category VI	0	1	2	3	Agitated, easily upset, nervous	0	1	2	3
Difficulty digesting roughage and fiber	0	1	2	3	Poor memory, forgetful between meals	0	1	2	3
Indigestion and fullness last 2-4 hours after eating	0	1	2	3	Blurred vision	0	1	2	3
Pain, tenderness, soreness on left side under rib cage	0	1	2	3	Category XI	0	1	2	3
Excessive passage of gas	0	1	2	3	Fatigue after meals	0	1	2	3
Nausea and/or vomiting	0	1	2	3	Crave sweets during the day	0	1	2	3
Stool undigested, foul smelling, mucus like, greasy, or poorly formed	0	1	2	3	Eating sweets does not relieve cravings for sugar	0	1	2	3
Frequent loss of appetite	0	1	2	3	Must have sweets after meals	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? _____

How many caffeinated beverages do you consume per day? _____

How many times do you eat 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: