

# METABOLIC ASSESSMENT FORM

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Date \_\_\_\_\_

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

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**PART- 1** Please circle the appropriate number on all questions below.

**0** - you never had **1** – you had but you don’t have now **2** – you have it sometimes **3** – you have it most of the time or always

<b>Category 1</b>	0 1 2 3
Feeling that bowels do not empty completely	0 1 2 3
Lower abdominal pain relieved by passing gas or stool	0 1 2 3
Alternating constipation and diarrhea	0 1 2 3
Diarrhea	0 1 2 3
Constipation	0 1 2 3
Hard dry or small stools	0 1 2 3
Coated tongue or fuzzy debris on tongue	0 1 2 3
Pass large amount of foul smelling gas	0 1 2 3
More than 3 bowel movements daily	0 1 2 3
Use laxatives frequently	0 1 2 3
<b>Category 2</b>	
Increasing frequency of food reactions	0 1 2 3
Unpredictable food reactions	0 1 2 3
Aches, pains and swelling throughout the body	0 1 2 3
Unpredictable abdominal swelling	0 1 2 3
Frequent bloating and distention after eating	0 1 2 3
Abdominal intolerance to sugars and starches	0 1 2 3
<b>Category 3</b>	
Intolerance to smells	0 1 2 3
Intolerance to jewelry	0 1 2 3
Intolerance to shampoo, lotion, detergents, etc	0 1 2 3
Multiple smell and chemical sensitivities	0 1 2 3
Constant skin outbreaks	0 1 2 3
<b>Category 4</b>	
Excessive belching, burping, or bloating	0 1 2 3
Gas immediately following a meal	0 1 2 3
Offensive breath	0 1 2 3
Difficult bowel movement	0 1 2 3
Sense of fullness during and after meals	0 1 2 3
Difficulty digesting fruits and vegetables;	0 1 2 3
Undigested food found in stools	0 1 2 3
<b>Category 5</b>	
Stomach pain, burning , or aching 1-4 hours after eating	0 1 2 3
Use antacids	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	0 1 2 3
Alcohol and caffeine	0 1 2 3
<b>Category 6</b>	
Roughage and fiber cause constipation	0 1 2 3
Indigestion and fullness last 2-4 hours after eating	0 1 2 3
Pain, tenderness, soreness on left side under rib cage	0 1 2 3

<b>Category 6 ( continued)</b>	0 1 2 3
Excessive pass gas	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 urination	0 1 2 3
Increased thirst and appetite	0 1 2 3
Difficulty losing weight	0 1 2 3
<b>Category 7</b>	
Greasy or high fat foods cause distress	0 1 2 3
Lower bowel gas /or bloating several hours after eating	0 1 2 3
Bitter metallic taste in mouth, especially in the morning	0 1 2 3
Unexplained itchy skin	0 1 2 3
Yellowish cast to eyes	0 1 2 3
Stool color alternates from clay colored to normal brown	0 1 2 3
Reddened skin , especially palms	0 1 2 3
Dry or flaky skin and/or hair	0 1 2 3
History of gallbladder attacks or stones	0 1 2 3
Have you had your gallbladder removed?	0 1 2 3
<b>Category 8</b>	
Acne and unhealthy skin	0 1 2 3
Excessive hair loss	0 1 2 3
Overall sense of bloating	0 1 2 3
Bodily swelling for no reason	0 1 2 3
Hormone imbalances	0 1 2 3
Weight gain	0 1 2 3
Poor bowel movement	0 1 2 3
Excessive foul-smelling sweat	0 1 2 3
<b>Category 9</b>	
Crave sweets during the day	0 1 2 3
Irritable if meals are missed	0 1 2 3
Depend on coffee to keep going/get started	0 1 2 3
Get light-headed if meals are missed	0 1 2 3
Eating relieves fatigue	0 1 2 3
Feel shaky, jittery, or have tremors	0 1 2 3
Agitated, easily upset, nervous	0 1 2 3
Poor memory/forgetful	0 1 2 3
Blurred vision	0 1 2 3
<b>Category 10</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
Increased thirst and appetite	0 1 2 3
Difficulty losing weight	0 1 2 3
Frequent urination	0 1 2 3

<b>Category 11</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 12</b>	
Cannot fall asleep	0 1 2 3
Perspire easily	0 1 2 3
Under 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 13</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 14</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
Difficulty, infrequent bowel movements	0 1 2 3
Depression/ lack of motivation	0 1 2 3
Morning headaches that wear off as 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 15</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 16</b>	
Diminish 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 17</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 18 (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 19 (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
Increased in fat distribution around chest and hips	0 1 2 3
Sweat attacks	0 1 2 3
More emotional than in the past	0 1 2 3
<b>Category 20 ( MENSTRUATING FEMALES ONLY)</b>	
Perimenopausal	YES NO
Alternating menstrual cycle lengths	YES NO
Extended menstrual cycle (greater than 24 days)	YES NO
Shortened menstrual cycles (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
Pelvic pain during menses	0 1 2 3
Irritable and depressed during menses	0 1 2 3
Breast pain and swelling during menses	0 1 2 3
Facial hair growth	0 1 2 3
Hair loss/thinning	0 1 2 3
Acne	0 1 2 3
<b>Category 21 (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 3

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 week? \_\_\_\_\_ How many times do you eat raw nuts or seeds per week? \_\_\_\_\_

How many times do you eat out per week? \_\_\_\_\_ How many times do you workout per week? \_\_\_\_\_ How many times do you eat fish per week? \_\_\_\_\_

List the worst three foods you eat during the average week: \_\_\_\_\_

List the healthiest three foods you eat during the average week: \_\_\_\_\_