## **Metabolic Assessment Form**

Name:		Age:	_ Sex:	<b>Date:</b>	
PART I					
Please list the 5 major health cond	ern in your order of i	mportance:			
1		_			
2.					
3.					
4.					
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## Please circle the appropriate number "0 - 3" and questions below. <u>0 as the least/never</u> to <u>3 as the most/always.</u>

Category I				
Feeling that bowels do not empty completely	0	1	2	3
Lower abdominal pain relief by passing stool or gas	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 stool	0	1	2	3
Coated tongue of "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
Category II				
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 movements	0	1	2	3
Sense of fullness during and after meals	0	1	2	3
Difficulty digesting fruits and vegetables;				
undigested foods found in stools	0	1	2	3
Category III				
Stomach pain, burning or aching 1- 4 hours after eating	0	1	2	3
Do you frequently use antacids	0	1	2	3
Feeling hungry an hour or two after eating	0	1	2	3
Heartburn when lying down or bending forward	0	1	2	3
Temporary relief from antacids, food,				
milk, 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
Category IV				
Roughage and fiber cause constipation	0	1	2	3
Indigestion and fullness lasts 2-4				
hours after eating	0	1	2	3
Pain, tenderness, soreness on left side				
under rib cage	0	1	2	3
Excessive passage of gas	0	1	2	3
Nausea and/or vomiting	0	1	2	3
Excessive passage of gas	0	1	2	3
Stool undigested, foul smelling,				
mucous-like, greasy or poorly formed	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst and appetite	0	1	2	3
		1	2	3

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Category V					•
Greasy or high fat foods cause distress	0	1	2	3	
	0	1	2	3	
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Category VI					
Crave sweets during the day	0	1	2	3	
Irritable if meals are missed	0	1	2	3	
Depend on coffee to keep yourself going or started	0	1	2	3	
Get lightheaded if meals are missed	0	1	2	3	
Eating relieves fatigue	0	1	2	3	
	0	1	2	3	
	0	1	2		
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Blurred vision	0	1	2	3	
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Must have sweets after meals	-	_			
	-	_			
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Category VIII					
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	-	_			
Afternoon fatigue	-				
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	Greasy or high fat foods cause distress Lower bowel gas and or bloating several hours after eating Bitter metallic taste in mouth, especially in the morning Unexplained itchy skin Yellowish cast to eyes Stool color alternates from clay colored to normal brown Reddened skin, especially palms Dry or flaky skin and/or hair History of gallbladder attacks or stones Have you had your gallbladder removed  Category VI Crave sweets during the day Irritable if meals are missed Depend on coffee to keep yourself going or started Get lightheaded if meals are missed Eating relieves fatigue Feel shaky, jittery, tremors Agitated, easily upset, nervous Poor memory, forgetful Blurred vision  Category VII Fatigue after meals Crave sweets during the day Eating sweets does not relieve cravings for sugar Must have sweets after meals Waist girth is equal or larger than hip girth Frequent urination Increased thirst & appetite Difficulty losing weight	Greasy or high fat foods cause distress Lower bowel gas and or bloating several hours after eating Bitter metallic taste in mouth, especially in the morning Unexplained itchy skin Yellowish cast to eyes Stool color alternates from clay colored to normal brown Reddened skin, especially palms Dry or flaky skin and/or hair History of gallbladder attacks or stones Have you had your gallbladder removed  Category VI Crave sweets during the day Irritable if meals are missed Depend on coffee to keep yourself going or started Get lightheaded if meals are missed Get lightheaded if meals are missed Eating relieves fatigue Feel shaky, jittery, tremors Agitated, easily upset, nervous Poor memory, forgetful Blurred vision  Category VII Fatigue after meals Crave sweets during the day Eating sweets does not relieve cravings for sugar Must have sweets after meals Waist girth is equal or larger than hip girth Frequent urination Increased thirst & appetite Difficulty losing weight  Category VIII Cannot stay asleep Crave salt Slow starter in the morning Afternoon fatigue Dizziness when standing up quickly Afternoon headaches Headaches with exertion or stress  0  Days desired susters 0  Category VIII Cannot headaches 0 Category VIII Cannot headaches 0 Category VIII Cannot stay asleep 0 Category VIII	Greasy or high fat foods cause distress Lower bowel gas and or bloating several hours after eating Bitter metallic taste in mouth, especially in the morning Unexplained itchy skin Yellowish cast to eyes Stool color alternates from clay colored to normal brown Reddened skin, especially palms Ory or flaky skin and/or hair History of gallbladder attacks or stones Have you had your gallbladder removed  Category VI Crave sweets during the day Irritable if meals are missed Offet lightheaded lighth	Greasy or high fat foods cause distress Lower bowel gas and or bloating several hours after eating Bitter metallic taste in mouth, especially in the morning Unexplained itchy skin Vellowish cast to eyes Stool color alternates from clay colored to normal brown Reddened skin, especially palms Or 1 2 Bitstory of gallbladder attacks or stones Have you had your gallbladder removed  Category VI Crave sweets during the day Irritable if meals are missed Depend on coffee to keep yourself going or started Get lightheaded if meals are missed Depend on coffee to keep yourself going or started Get shaky, jittery, tremors Agitated, easily upset, nervous Poor memory, forgetful Blurred vision  Category VI Fatigue after meals Crave sweets during the day Blurred vision  Category VII Fatigue after meals Crave sweets during the day Blurred vision  Category VII Fatigue after meals Crave sweets during the day Blurred vision  Category VII Fatigue after meals Crave sweets during the day Blurred vision  Category VII Fatigue after meals Crave sweets during the day Blurred vision  Category VII Fatigue after meals Crave sweets during the day Buist girth is equal or larger than hip girth Frequent urination Increased thirst & appetite Difficulty losing weight  Category VIII Cannot stay asleep Crave salt Slow starter in the morning Afternoon fatigue Dizziness when standing up quickly Afternoon headaches United the day Afternoon headaches Headaches with exertion or stress United the day Dizziness when standing up quickly Afternoon headaches Headaches with exertion or stress United the day Diagrams and on the lost of th	Greasy or high fat foods cause distress   Company or high fat foods cause distress   Company of high fat foods cause distress   Company of high fat foods   Company of h

Category IX				
Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Lie den bieb en en de ef et man				
Under high amounts 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
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Colores V				
Category X			_	_
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 gain even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Difficult, infrequent bower movements		_		
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 falling hair	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
	-	_	2	-
Mental sluggishness	0	1	2	3
Category XI				
Heart palpations	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
Category XII				
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
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G & WIII				
Category XIII				_
Increased sex drive	0	1	2	3
Tolerance to sugars reduced	0	1	2	3
"Splitting" type headaches	0	1	2	3
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Category XIV (Male Only)   Urination difficulty or dribbling					
Urination difficulty or dribbling         0         1         2         3           Urination frequent         0         1         2         3           Pain inside of legs or heels         0         1         2         3           Feeling of incomplete bowel evacuation         0         1         2         3           Leg nervousness at night         0         1         2         3           Category XV (Males Only)         Decrease in libido         0         1         2         3           Decrease in fullness of erections         0         1         2         3           Decrease in fullness of erections         0         1         2         3           Decrease in fullness of erections         0         1         2         3           Defrecase in fullness of erections         0         1         2         3           Defrecase in fullness of erections         0         1         2         3           Defrecase in fullness of erections         0         1         2         3           Ination of concentrate         0         1         2         3           Ination of concentrate         0         1         2         3	Category XIV (Male Only)				
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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 break outs       0       1       2       3         Facial hair growth       0       1       2       3         Hair loss/thinning       0       1       2       3         Category XVII (Menopausal Females Only)       Yes       No         How many years have you been menopausal?       Yes       No         Hot flashes       0       1       2       3         Mental fogginess       0       1       2       3         Mood swings       0       1       2       3         Mood swings       0       1       2       3         Depression       0       1       2       3         Painful intercourse       0       1       2	Shortened menses, less than every 24 days	Yes	5	N	0
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Pelvic pain during menses         0         1         2         3           Irritable and depressed during menses         0         1         2         3           Acne break outs         0         1         2         3           Facial hair growth         0         1         2         3           Hair loss/thinning         0         1         2         3           Category XVII (Menopausal Females Only)         No         Yes         No           How many years have you been menopausal?         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			_		
Irritable and depressed during menses       0       1       2       3         Acne break outs       0       1       2       3         Facial hair growth       0       1       2       3         Hair loss/thinning       0       1       2       3         Category XVII (Menopausal Females Only)         How many years have you been menopausal?       Ves       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			_		
Acne break outs       0       1       2       3         Facial hair growth       0       1       2       3         Hair loss/thinning       0       1       2       3         Category XVII (Menopausal Females Only)         How many years have you been menopausal?       Ves       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			_		3
Facial hair growth       0       1       2       3         Hair loss/thinning       0       1       2       3         Category XVII (Menopausal Females Only)         How many years have you been menopausal?       Ves       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			_		
Hair loss/thinning       0       1       2       3         Category XVII (Menopausal Females Only)         How many years have you been menopausal?       Ves       No         Do you ever have uterine bleeding since menopause?       Ves       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			_		
Category XVII (Menopausal Females Only)         How many years have you been menopausal?         Do you ever have uterine bleeding since menopause?       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		-	_		
How many years have you been menopausal?   Yes   No	Hair ioss/thinning	U	1	Z	3
How many years have you been menopausal?   Yes   No	Category XVII (Menonausal Females Only)				
Do you ever have uterine bleeding since menopause? 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					
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		Va	2	N	•
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					_
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					
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		_		_	_
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					
Painful intercourse       0       1       2       3         Shrinking breasts       0       1       2       3         Facial hair growth       0       1       2       3         Acne       0       1       2       3					
Shrinking breasts       0       1       2       3         Facial hair growth       0       1       2       3         Acne       0       1       2       3					3
Facial hair growth 0 1 2 3 Acne 0 1 2 3					
Acne 0 1 2 3					3
Increased vaginal pain, dryness or itching 0 1 2 3					
	Increased vaginal pain, dryness or itching	U	1	2	3

## PART III

How many alcohol 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 a week do you eat raw nuts or seeds?
How many times a week do you eat fish?	How many times a week do you workout?
List the three worst foods you eat during the average week?	
List the three healthiest foods you eat during the average week?	
Do you smoke? If yes, how many times a day	_ , a week
Rate your stress levels on a scale of 1-10 during the average week	
Please list any medications you currently take and for what con	nditions:
Please list any natural supplements you currently take and for	what conditions: