

Metabolic Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

Part 1

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

1. _____
2. _____
3. _____
4. _____
5. _____

Part 2. Please circle the appropriate number "0-3" on all questions below. 0 As the least/never to 3 as the most/always.

Category I: Colon

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 V: Biliary Insufficiency/ Static

Greasy or high fat foods cause distress	0 1 2 3
Lower bowel gas and 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 alternated from clay colored to normal brown	0 1 2 3
Reddened skin, especially palms	0 1 2 3
Dry or flakey skin and/or hair	0 1 2 3
History of gallbladder attacks or stones	0 1 2 3
Have you had your gallbladder removed?	Yes No

Category II: Hypochlorhydria

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 VI: Hypoglycemia

Crave sweets during the day	0 1 2 3
Irritated if meals are missed	0 1 2 3
Depend on coffee to keep yourself going or started	0 1 2 3
Eating relieves fatigue	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

Category III: Hyperchlorhydria (Ulcers)

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 VII: Insulin Resistance

Fatigue after meals	
Crave sweets during the day	0 1 2 3
Eating sweets does not relieve craving 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
Frequent urination	0 1 2 3
Increased thirst and appetite	0 1 2 3
Difficulty losing weight	0 1 2 3
	0 1 2 3

Category IV: Small Intestine (Pancreas)

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
Excessive passage of gas	0 1 2 3
Nausea and/or vomiting	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
Difficulty losing weight	0 1 2 3

Category VIII: Adrenal Hypofunction

Cannot stay asleep	
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
	0 1 2 3

Category IX: Adrenal Hyperfunction

- Cannot fall asleep 0 1 2 3
- Perspire easily 0 1 2 3
- 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 hrs. of sleep 0 1 2 3
- Excessive perspiration or perspiration with little or no activity 0 1 2 3

Category X: Hypothyroid

- 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
- 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
- Mental sluggishness 0 1 2 3

Category XI: Thyroid Hyperfunction

- 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

Category XII: Pituitary Hypofunction

- 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

Category XIII: Pituitary Hyperfunction

- Increase sex drive 0 1 2 3
- Tolerance to sugars reduced 0 1 2 3
- "Splitting" type headaches 0 1 2 3

Category XIV: (Male Only) Prostate

- 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: (Male Only) Andropause

- Decrease in libido 0 1 2 3
- Decrease in spontaneous morning erections 0 1 2 3
- Decrease in fullness of erections 0 1 2 3
- Difficulty in maintain 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
- Decrease in 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 XVI: Menstruating

- Are you perimenopausal? **Yes No**
- Alternating menstrual cycle lengths **Yes No**
- Extended menstrual cycle greater than 32 days **Yes No**
- Pain and cramping during periods **Yes No**
- 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

- How many years have you been menopausal? _____
- 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 breast 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 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 work out? _____

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: _____

Rate your stress levels on a scale of 1-10 during the average week: _____

Please list any medications you are currently taking and for what conditions:

Please list any natural supplements you currently take and for what conditions: