## 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.

	Please circle the appropriate nu	HIID	ero	n a	ıı qı
	Category I Feeling that bowels do not empty completely Lower abdominal pain relieved by passing stool or gas Alternating constipation and diarrhea Diarrhea Constipation Hard, dry, or small stool Coated tongue or "fuzzy" debris on tongue Pass large amount of foul-smelling gas More than 3 bowel movements daily Use laxatives frequently	0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	3 3 3 3 3 3
	Category II Increasing frequency of food reactions Unpredictable food reactions Aches, pains, and swelling throughout the body Unpredictable abdominal swelling Frequent bloating and distention after eating	0 0 0 0	1 1 1 1	2 2 2 2 2	3 3 3
The state of the s	Category III Intolerance to smells Intolerance to jewelry Intolerance to shampoo, lotion, detergents, etc Multiple smell and chemical sensitivities Constant skin outbreaks	0 0 0 0	1 1 1 1	2 2 2 2 2	3 3 3
	Category IV  Excessive belching, burping, or bloating Gas immediately following a meal Offensive breath Difficult bowel movements Sense of fullness during and after meals Difficulty digesting proteins and meats; undigested food found in stools	0 0 0 0	1 1 1 1	2 2 2 2 2	3 3 3
	Category V Stomach pain, burning, or aching 1-4 hours after eating Use of antacids Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0 0 0 0	1 1 1 1	2 2 2 2 2	3 3 3
	Category VI Difficulty digesting roughage and fiber Indigestion and fullness last 2-4 hours after eating Pain, tenderness, soreness on left side under rib cage Excessive passage of gas Nausea and/or vomiting Stool undigested, foul smelling, mucus like, greasy, or poorly formed Frequent loss of appetite	0 0 0 0	1 1 1 1 1	2 2 2 2 2	3 3 3

ions below. 0 as the least/never to 3 as the most/a	lwa	ys.		
Category VII				
Abdominal distention after consumption of				
fiber, starches, and sugar	0	1	2	3
Abdominal distention after certain probiotic				
or natural supplements	0	1	2	3
Decreased gastrointestinal motility, constipation	0	1	2	3
Increased gastrointestinal motility, diarrhea	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3
Suspicion of nutritional malabsorption	0	1	2	3
Frequent use of antacid medication	0	1	2	3
Have you been diagnosed with Celiac Disease,				
Irritable Bowel Syndrome, Diverticulosis/				
Diverticulitis, or Leaky Gut Syndrome?		Yes	No	0
Caramana				
Category VIII				
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
Burpy, fishy taste after consuming fish oils	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?		Yes	N	0
Category IX				
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 function	0	1	2	3
Excessively foul-smelling sweat	0	1	2	3
Dicessively four-shieffing sweat			~	
Category X				
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 between meals	0	1	2	3
Blurred vision	0	1	2	3
Catagory VI				
	0	4	2	2
	U	1	2	3
Fatigue after meals	0		2	3
Fatigue after meals Crave sweets during the day	0			
Fatigue after meals Crave sweets during the day Eating sweets does not relieve cravings for sugar	0	1	2	3
Fatigue after meals Crave sweets during the day Eating sweets does not relieve cravings for sugar Must have sweets after meals	0 0 0	1	2	3
Must have sweets after meals Waist girth is equal or larger than hip girth	0	1 1 1	2 2	3
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	0	1 1 1	2 2 2	3 3
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	0	1 1 1 1	2 2 2 2	3 3 3

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Slow starter in the morning Afternoon fatigue Dizziness when standing up quickly Afternoon headaches Headaches with exertion or stress Weak nails  Category XIII Cannot fall asleep Perspire easily Under a high amount of stress Wake up tired even after 6 or more hours of sleep Excessive perspiration or perspiration with little or no activity  Category XIV Edema and swelling in ankles and wrists Muscle cramping Poor muscle endurance Frequent urination Frequent thirst Crave salt Abnormal sweating from minimal activity Alteration in bowel regularity Inability to hold breath for long periods Shallow, rapid breathing  Category XV Tired/sluggish Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Category XVII (Males Only) Urination difficulty or dribbling Frequent urination Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night  Category XVIII (Males Only) Decreased libido Decreased number of spontaneous morning erection Decreased fullness of erections Difficulty maintaining morning erections Spells of mental fatigue Inability to concentrate Episodes of depression Muscle soreness Decreased physical stamina Unexplained weight gain Increase in fat distribution around chest and hips Sweating attacks More emotional than in the past  Category XIX (Menstruating Females Only) Perimenopausal Alternating menstrual cycle (greater than 32 days) Shortened menstrual cycle (less than 24 days) Pain and cramping during periods Scanty blood flow
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Frequent thirst Crave salt Abnormal sweating from minimal activity Alteration in bowel regularity Inability to hold breath for long periods Shallow, rapid breathing  Category XV Tired/sluggish Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses  0	1 1 1 1 1 1 1	2 2 2	3	Category XIX (Menstruating Females Only) Perimenopausal Alternating menstrual cycle lengths Extended menstrual cycle (greater than 32 days) Shortened menstrual cycle (less than 24 days) Pain and cramping during periods Scanty blood flow
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Alteration in bowel regularity (nability to hold breath for long periods Shallow, rapid breathing  Category XV Tired/sluggish Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses  0	1 1 1 1	2	3	Alternating menstrual cycle lengths Extended menstrual cycle (greater than 32 days) Shortened menstrual cycle (less than 24 days) Pain and cramping during periods Scanty blood flow
Inability to hold breath for long periods Shallow, rapid breathing  Category XV Tired/sluggish Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation  Morning headaches that wear off as the day progresses  0	1 1 1 1	2	3 3	Extended menstrual cycle (greater than 32 days) Shortened menstrual cycle (less than 24 days) Pain and cramping during periods Scanty blood flow
Category XV  Tired/sluggish Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses  0	1 1 1	8237	3	Shortened menstrual cycle (less than 24 days) Pain and cramping during periods Scanty blood flow
Category XV Tired/sluggish Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses  0	1	2	3	Pain and cramping during periods Scanty blood flow
Tired/sluggish Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses  0	1			Scanty blood flow
Tired/sluggish Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses  0	1			
Feel cold—hands, feet, all over Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses  0	1			I Hagray blood flow
Require excessive amounts of sleep to function properly Increase in weight even with low-calorie diet  Gain weight easily  Difficult, infrequent bowel movements  Depression/lack of motivation  Morning headaches that wear off as the day progresses  0	1	2	3	Heavy blood flow
Increase in weight even with low-calorie diet  Gain weight easily  Difficult, infrequent bowel movements  Depression/lack of motivation  Morning headaches that wear off as the day progresses  0	1	2	3	Breast pain and swelling during menses
Gain weight easily Difficult, infrequent bowel movements Depression/lack of motivation Morning headaches that wear off as the day progresses  0	1	2	3	Pelvic pain during menses
Difficult, infrequent bowel movements  Depression/lack of motivation  Morning headaches that wear off as the day progresses  0	1	2	3	Irritable and depressed during menses
Depression/lack of motivation  Morning headaches that wear off as the day progresses  0	1	2	3	Acne Facial bair arrest
Depression/lack of motivation  Morning headaches that wear off as the day progresses  0	1	2	3	Facial hair growth
Morning headaches that wear off as the day progresses 0	1	2	3	Hair loss/thinning
	1	2	3	Catagomi VV (Mananaugal Famalas Oulu)
	1	2		Category XX (Menopausal Females Only)
Thinning of hair on scalp, face, or genitals, or excessive	-	-	~	How many years have you been menopausal?
hair loss 0	1	2	3	Since menopause, do you ever have uterine bleedi Hot flashes
Dryness of skin and/or scalp 0	1	2	3	
Mental sluggishness 0	1	2	2	Mental fogginess Disinterest in sex
uricinal staggistiness	1	2	٦	
Category XVI			- 1	Mood swings
		~	,	Depression Painful intercourse
Heart palpitations 0	Ţ	2		SECTION AND ADDRESS OF THE PROPERTY OF THE PRO
Inward trembling 0	1		3	Shrinking breasts Escial bair growth
Increased pulse even at rest 0	1	2	3	Facial hair growth
Nervous and emotional 0	1	2	3	Acne Increased vaginal pain demands on itahing
Insomnia 0		2	3	Increased vaginal pain, dryness, or itching

0 1 2

Yes No

years

No

Yes

Yes

Yes

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 times do you eat fish 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: