Metabolic Assessment FormTM

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.

PART II Plo	ling that bowels do not empty completely wer abdominal pain relieved by passing stool or gas branting constipation and diarrhea				
Lower abdominal pain Alternating constipation Diarrhea Constipation Hard, dry, or small stoce Coated tongue or "fuzz Pass large amount of for	relieved by passing stool or gas on and diarrhea ol zy" debris on tongue oul-smelling gas vements daily	0 0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3
Unpredictable food rea Aches, pains, and swel Unpredictable abdomin	actions ling throughout the body nal swelling	0 0 0	1 1 1	2 2 2	3 3 3
	nical sensitivities	0 0 0	1 1 1	2 2 2	3 3 3
Gas immediately follow Offensive breath Difficult bowel moven Sense of fullness durin Difficulty digesting pro	wing a meal nents g and after meals oteins and meats;	0 0 0 0	1 1 1	2 2 2 2	3 3 3
Use of antacids Feel hungry an hour or Heartburn when lying Temporary relief by us carbonated beverage Digestive problems sul Heartburn due to spicy	two after eating down or bending forward ing antacids, food, milk, or es bside with rest and relaxation foods, chocolate, citrus,	0 0 0	1 1 1 1	2 2 2 2 2	3 3 3 3
Indigestion and fullnes	is last 2-4 hours after eating less on left side under rib cage gas g smelling, mucus like, ormed	0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3
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Category VII Abdominal distention after consumption of fiber, starches, and sugar Abdominal distention after certain probiotic	0	1	2	3
or natural supplements Decreased gastrointestinal motility, constipation Increased gastrointestinal motility, diarrhea Alternating constipation and diarrhea Suspicion of nutritional malabsorption Frequent use of antacid medication Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/ Diverticulitis, or Leaky Gut Syndrome?	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2 2 No	3 3 3 3 3
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 Burpy, fishy taste after consuming fish oils Unexplained itchy skin Yellowish cast to eyes Stool color alternates from clay colored to	0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3
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?	0 0 0 0	1 1 1 1 Yes	2 2 2 No	3 3 3
Category IX Acne and unhealthy skin Excessive hair loss Overall sense of bloating Bodily swelling for no reason Hormone imbalances Weight gain Poor bowel function Excessively foul-smelling sweat	0 0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3
Category X Crave sweets during the day Irritable if meals are missed Depend on coffee to keep going/get started Get light-headed if meals are missed Eating relieves fatigue Feel shaky, jittery, or have tremors Agitated, easily upset, nervous Poor memory, forgetful between meals Blurred vision	0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3
Category XI 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 and appetite Difficulty losing weight	0 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 XII					Category XVI (Cont.)				
Cannot stay asleep	0	1	2	3	Night sweats	0	1	2	3
Crave salt	0	1	2	3	Difficulty gaining weight	0	1	2	3
Slow starter in the morning	0	1	2	3	Cotogony VVII (Males Outs)				
Afternoon fatigue	0	1	2	3	Category XVII (Males Only)				
Dizziness when standing up quickly	0	1	2	3	Urination difficulty or dribbling Frequent urination	0	1	2	3
Afternoon headaches	0	1	2	3	Pain inside of legs or heels	0	1	2	3
Headaches with exertion or stress	0	1	2	3	Feeling of incomplete bowel emptying	0	1	2	3
Weak nails	0	1	2	3	Leg twitching at night	0	1	2 2	3
Category XIII						U	1	2	3
Cannot fall asleep	0	1	2	3	Category XVIII (Males Only)				
Perspire easily	0	1	2	3	Decreased libido	0	1	2	3
Under a high amount of stress	0	1	2	3	Decreased number of spontaneous morning erections Decreased fullness of erections	0	1	2	3
Weight gain when under stress	0	1	2	3	Difficulty maintaining morning erections	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3	Spells of mental fatigue	0	1	2	3
Excessive perspiration or perspiration with little	·	-	_		Inability to concentrate	0	1	2	3
or no activity	0	1	2	3	Episodes of depression	0	1	2	3
	•	-	_		Muscle soreness	0	1	2	3
Category XIV					Decreased physical stamina	0	1	2	3
Edema and swelling in ankles and wrists	0	1	2	3	Unexplained weight gain	0	1	2	3
Muscle cramping	0	1	2	3	Increase in fat distribution around chest and hips	0	1	2	3
Poor muscle endurance	0	1	2	3	Sweating attacks	U	1	2	3
Frequent urination	0	1	2	3	More emotional than in the past	0	1	2 2	3
Frequent thirst	0	1	2	3		U	1	2	3
Crave salt	0	1	2	3	Category XIX (Menstruating Females Only)				
Abnormal sweating from minimal activity	0	1	2	3	Perimenopausal		Yes	N	•
Alteration in bowel regularity	0	1	2	3	Alternating menstrual cycle lengths		Yes	N	
Inability to hold breath for long periods	0	1	2	3	Extended menstrual cycle (greater than 32 days)		Yes	N	
Shallow, rapid breathing	0	1	2	3	Shortened menstrual cycle (less than 24 days)		Yes	N	
Share II, Tapta ordaning	Ů	•	_	·	Pain and cramping during periods	0	1	2	3
Category XV					Scanty blood flow	0	1	2	3
Tired/sluggish	0	1	2	3	Heavy blood flow	0	1	2	3
Feel cold—hands, feet, all over	0	1	2	3	Breast pain and swelling during menses	0	1	2	3
Require excessive amounts of sleep to function properly		1	2	3	Pelvic pain during menses	0	1	2	3
Increase in weight even with low-calorie diet	0	1	2	3	Irritable and depressed during menses	0	1	2	3
Gain weight easily	0	1	2	3	Acne	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3	Facial hair growth	0	1	2	3
Depression/lack of motivation	0	1	2	3	Hair loss/thinning	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3	Cotonomy VV (Monomoral Formulas Orda)				
Outer third of eyebrow thins	0		2		Category XX (Menopausal Females Only) How many years have you been menopausal?				
Thinning of hair on scalp, face, or genitals, or excessive	U	1	2	3	Since menopause, do you ever have uterine bleeding?			•	ears
hair loss	0	1	2	3	Hot flashes		Yes	N	
Dryness of skin and/or scalp	0	1	2		Mental fogginess	0	1	2	
Mental sluggishness	0		2		Disinterest in sex	0	1	2	3
monar stuggistilloss	U	1	4	3	Mood swings	0	1	2	3
Category XVI					Depression	0	1	2	3
Heart palpitations	0	1	2	3	Painful intercourse	0	1	2	3
Inward trembling	0	1	2	3	Shrinking breasts	0	1	2	3
Increased pulse even at rest	0	1	2	-	Facial hair growth	U	1	2	3
Nervous and emotional	0	1	2	3	Acne	U	1	2 2	3
Insomnia	0	1	2		Increased vaginal pain, dryness, or itching	0	1	2	
Insolinia						U	1		
PART III									
How many alcoholic beverages do you consume per week	? _			_	Rate your stress level on a scale of 1-10 during the average	wee	k:		
How many caffeinated beverages do you consume per day	,?				How many times do you eat fish per week?		-		
	٠ –			_					
How many times do you eat out per week?					How many times do you work out per week?				
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List the three worst foods you eat during the average week									
List the three worst foods you eat during the average week List the three healthiest foods you eat during the average v			_						
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 very part IV.			_						
List the three worst foods you eat during the average week List the three healthiest foods you eat during the average v	veek	ζ:							