

## Metabolic Assessment Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

### Part 1:

Please list 3 major health concerns in your order of importance (1 being most important)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Part 2:

Please circle the appropriate number (0 – 3) on all questions below to the best of your ability.

**0 = the least/never and 3 = most/always**

#### Category 1: Colon

- Feeling that bowels do not empty completely 0 1 2 3
- Lower abdominal pain relief after passing stool/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 stools 0 1 2 3
- Coated tongue, or “fuzzy” feeling on tongue 0 1 2 3
- Pass large amounts of foul smelling gas 0 1 2 3
- More than three bowel movements a day 0 1 2 3
- Do you use laxatives frequently 0 1 2 3

#### Category 2: Hypochloridia

- Excessive belching, burping, or bloating 0 1 2 3
- Gas Immediately following meals 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 stool 0 1 2 3

#### Category 3: Hyperacidity (Ulcer)

- Stomachache/pains or burning after meals 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
- Get temporary relief from antacids, food, milk 0 1 2 3
- Digestive problems subside with rest and relaxation 0 1 2 3
- Heartburn due to spicy food, chocolate citrus, peppers, alcohol, and caffeine 0 1 2 3

#### Category 4: Small Intestine (Pancreas)

- Roughage and fiber cause constipation 0 1 2 3
- Indigestion and fullness last 2 – 4 hours after meal 0 1 2 3
- Pain, soreness, or bloat under left side of ribcage 0 1 2 3
- Excessive passing of gas 0 1 2 3
- Nausea and/or vomiting 0 1 2 3
- Stools are undigested or foul smelling 0 1 2 3
- Frequent urination 0 1 2 3
- Difficulty losing weight 0 1 2 3
- Increased appetite and thirst 0 1 2 3

#### Category 5: Biliary Insufficiency/Status

- 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 color to normal brown 0 1 2 3
- Reddened skin, especially palms of hands 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 6: Hypoglycemia

- Crave sweets during the day 0 1 2 3
- Irritable if meals are missed 0 1 2 3
- Depend on coffee to get started, or to keep going 0 1 2 3
- Get lightheaded if meals are missed 0 1 2 3
- Eating relieves fatigue 0 1 2 3
- Feel shaky, jittery, have tremors 0 1 2 3
- Easily agitated, upset, or nervous 0 1 2 3
- Poor memory or forgetful 0 1 2 3
- Blurred vision 0 1 2 3

#### Category 7: Insulin Resistant

- Fatigue after meals 0 1 2 3
- Eating sweets does not relieve craving for sugar 0 1 2 3
- Must have sweets after meal to be satisfied 0 1 2 3
- Waist girth is 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

#### Category 8: Adrenal Hypofunction

- 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
- Headaches with exertion or stress 0 1 2 3
- Weak finger and/or toe nails 0 1 2 3

**Category 9: 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 hours of sleep	0	1	2	3
Excessive perspiration with little or no activity	0	1	2	3

**Category 10: Hypothyroid**

Tired and/or sluggish	0	1	2	3
Feel cold in hands, feet, or all over	0	1	2	3
Require excessive sleep to function normally	0	1	2	3
Increase in weight gain, even with low calorie diet	0	1	2	3
Gain weight very easily	0	1	2	3
Difficult and/or infrequent bowel movements	0	1	2	3
Depression and lack of motivation	0	1	2	3
Morning headaches that wear off as day goes by	0	1	2	3
Outer third of eyebrows thins	0	1	2	3
Thinning of hair on scalp or other parts of the body	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3

**Category 11: Thyroid Hyperfunction**

Heart Palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervousness and overly emotional	0	1	2	3
Insomnia	0	1	2	3
Night Sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3

**Category 12: Pituitary Hypofunction**

Diminished sex drive	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3
Increased ability to eat sugar without symptoms	0	1	2	3

**Category 13: Pituitary Hyperfunction**

Increased sex drive	0	1	2	3
Tolerance to sugar reduced	0	1	2	3
“Splitting” type headaches	0	1	2	3

**Category 14: (Male Only) Prostate**

Urination difficulty or dribbling	0	1	2	3
Urinate frequently	0	1	2	3
Pain inside 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 15: (Males Only) Andropause**

Decrease in libido	0	1	2	3
Decrease in spontaneous morning erections	0	1	2	3
Decrease in fullness of erection	0	1	2	3
Difficulty in maintaining morning erection	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
Frequent 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 16: (Menstruating Females Only)**

Alternating menstrual cycle lengths	YES	NO		
Extended menstrual cycle, greater than 32 days	YES	NO		
Shortened menses, less than every 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
Breast pain and swelling during menses	0	1	2	3
Irritable and/or depressed during menses	0	1	2	3
Acne breakouts	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss or thinning	0	1	2	3

**Category 17: (Menopausal Females Only)**

How many years have you been menopausal?				
Do you 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
Facial hair growth	0	1	2	3
Acne	0	1	2	3

**Part 3:**

How many alcoholic 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 per week do you eat fish? \_\_\_\_\_ How many times a week do you work out? \_\_\_\_\_

List the three worst foods you typically eat in a week \_\_\_\_\_

List the three healthiest foods you typically eat in a week \_\_\_\_\_

Do you smoke? YES NO If yes, how many times per day? \_\_\_\_\_

Rate you stress level on a scale of 1-10 in an average week (10 being the most possible stress) \_\_\_\_\_

Please list any medications you currently take and for what conditions: \_\_\_\_\_