# Metabolic Assessment Form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>Sex:</th>
<th>Date:</th>
</tr>
</thead>
</table>

## PART I
Please list the 5 major health concern in your order of importance:

1. _______________________________________ ______________________________________________________
2. _____________________________________________________________________________________________
3. _____________________________________________________________________________________________
4. _____________________________________________________________________________________________
5. _____________________________________________________________________________________________

## PART II
Please circle the appropriate number “0 - 3” on all questions below.

0 as the least/never   to   3 as the most/always.

### Category I
- Feeling that bowels do not empty completely
- Lower abdominal pain relief by passing stool or gas
- Altering constipation and diarrhea
- Diarrhea
- Constipation
- Hard dry or small stool
- Coated tongue of “fuzzy” debris on tongue
- Pass large amount of foul smelling gas
- More than 3 bowel movements daily
- Do you use laxatives frequently

### Category II
- Excessive belching burping or bloating
- Gas immediately following a meal
- Offensive breath
- Difficult bowel movements
- Sense of fullness during and after meals
- Difficulty digesting foods and vegetables; undigested foods found in stools

### Category III
- Stomach pain, burning or aching 1-4 hours after eating
- Do you frequently use antacids
- Feeling hungry an hour or two after eating
- Heartburn when lying down or bending forward
- Temporary relief from antacids, food, milk, carbonated beverages
- Digestive problems subside with rest and relaxation
- Heartburn due to spicy foods, chocolate, citrus, peppers, laxatives and caffeine

### Category IV
- Roughage and fiber cause constipation
- Indigestion and fullness lasts 2-4 hours after eating
- Pain, tenderness, soreness on left side under rib cage bloated
- Excessive passage of gas
- Nausea and/or vomiting
- Excessive passage of gas
- Stool undigested, foul smelling, mucous-like, greasy or poorly formed
- Frequent urination
- Increased thirst and appetite
- Difficulty losing weight

### Category V
- 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 for 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 and 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
- Weak nails

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### Category IX

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot fall asleep</td>
<td></td>
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<tr>
<td>Perspire easily</td>
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<tr>
<td>Under high amounts of stress</td>
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<tr>
<td>Weight gain when under stress</td>
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<tr>
<td>Wake up tired even after 6 or more hours of sleep</td>
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<tr>
<td>Excessive perspiration or perspiration with little or no activity</td>
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</table>

### Category X

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0</th>
<th>1</th>
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<tbody>
<tr>
<td>Tired, sluggish</td>
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<tr>
<td>Feel cold – hands, feel, all over</td>
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<tr>
<td>Require excessive amounts of sleep to function properly</td>
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<tr>
<td>Increase in weight gain even with low-calorie diet</td>
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<tr>
<td>Gain weight easily</td>
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<tr>
<td>Difficult, infrequent bowel movements</td>
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<tr>
<td>Depression, lack of motivation</td>
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<tr>
<td>Morning headaches that wear off</td>
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<tr>
<td>Outer third of eyebrow thins</td>
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<tr>
<td>Thinning of hair on scalp, face or genitals or excessive falling hair</td>
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<tr>
<td>Dryness of skin and/or scalp</td>
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<tr>
<td>Mental sluggishness</td>
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### Category XI

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<thead>
<tr>
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<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>Heart palpations</td>
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<tr>
<td>Inward trembling</td>
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<tr>
<td>Increased pulse even at rest</td>
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<tr>
<td>Nervousness and emotional</td>
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<tr>
<td>Insomnia</td>
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<tr>
<td>Night sweats</td>
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<tr>
<td>Difficulty gaining weight</td>
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### Category XII

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<tr>
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<th>0</th>
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<th>3</th>
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<tbody>
<tr>
<td>Diminished sex drive</td>
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<tr>
<td>Menstrual disorders of lack of menstruation</td>
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<tr>
<td>Increased ability to eat sugars without symptoms</td>
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### Category XIII

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<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased sex drive</td>
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<tr>
<td>Tolerance to sugars reduced</td>
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<tr>
<td>“Splitting” type headaches</td>
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### PART III

How many alcohol beverages they 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 conditions: ____________________________________________________________

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