Metabolic Assessment Form

**Please see each category below with corresponding body system and/or imbalance.**

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| **Category I** | **0** | **1** | **2** | **3** |
| 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 three bowel movements daily | ❍ | ❍ | ❍ | ❍ |
| Use laxatives frequently | ❍ | ❍ | ❍ | ❍ |
| **Category II** | **0** | **1** | **2** | **3** |
| Excessive belching, burping, or bloating | ❍ | ❍ | ❍ | ❍ |
| Gas immediately following a meal | ❍ | ❍ | ❍ | ❍ |
| Offensive breath | ❍ | ❍ | ❍ | ❍ |
| Difficult bowel movement | ❍ | ❍ | ❍ | ❍ |
| Sense of fullness during and after meals | ❍ | ❍ | ❍ | ❍ |
| Difficulty digesting fruits and vegetables; undigested food found in stools | ❍ | ❍ | ❍ | ❍ |

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| **Category III** | **0** | **1** | **2** | **3** |
| Stomach pain, burning, or aching one to four hours after eating | ❍ | ❍ | ❍ | ❍ |
| Use 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 | ❍ | ❍ | ❍ | ❍ |
| **Category IV** | **0** | **1** | **2** | **3** |
| Roughage and fiber cause constipation | ❍ | ❍ | ❍ | ❍ |
| Indigestion and fullness last two to four hours after eating | ❍ | ❍ | ❍ | ❍ |
| Pain, tenderness, soreness on left side under rib cage | ❍ | ❍ | ❍ | ❍ |
| Excessive passage of gas | ❍ | ❍ | ❍ | ❍ |
| Nausea and/or vomiting | ❍ | ❍ | ❍ | ❍ |
| Stool undigested, foul smelling, mucous-like, greasy, or poorly formed | ❍ | ❍ | ❍ | ❍ |
| Frequent urination | ❍ | ❍ | ❍ | ❍ |
| Increased thirst and appetite | ❍ | ❍ | ❍ | ❍ |
| **Category V** | **0** | **1** | **2** | **3** |
| 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 | ❍ | ❍ | ❍ | ❍ |
| Difficulty losing weight | ❍ | ❍ | ❍ | ❍ |
| Unexplained itchy skin | ❍ | ❍ | ❍ | ❍ |
| Yellowish cast to eyes | ❍ | ❍ | ❍ | ❍ |
| Stool color alternates from 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? | ❍ Yes | | ❍ No | |

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| **Category VI** | **0** | **1** | **2** | **3** |
| 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 | ❍ | ❍ | ❍ | ❍ |
| Blurred vision | ❍ | ❍ | ❍ | ❍ |
| **Category VII** | **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 | ❍ | ❍ | ❍ | ❍ |
| Waist girth is equal or larger than hip girth | ❍ | ❍ | ❍ | ❍ |
| Frequent urination | ❍ | ❍ | ❍ | ❍ |
| Increased thirst and appetite | ❍ | ❍ | ❍ | ❍ |
| Difficulty losing weight | ❍ | ❍ | ❍ | ❍ |
| **Category VIII** | **0** | **1** | **2** | **3** |
| 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 | ❍ | ❍ | ❍ | ❍ |
| **Category IX** | **0** | **1** | **2** | **3** |
| Cannot fall asleep | ❍ | ❍ | ❍ | ❍ |
| Perspire easily | ❍ | ❍ | ❍ | ❍ |
| Under high amount of stress | ❍ | ❍ | ❍ | ❍ |
| Weight gain when under stress | ❍ | ❍ | ❍ | ❍ |
| Wake up tired even after six or more hours of sleep | ❍ | ❍ | ❍ | ❍ |
| Excessive perspiration or perspiration with little or no activity | ❍ | ❍ | ❍ | ❍ |

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| **Category X** | **0** | **1** | **2** | **3** |
| 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 | ❍ | ❍ | ❍ | ❍ |
| Outer third of eyebrow thins | ❍ | ❍ | ❍ | ❍ |
| Thinning of hair on scalp, face, or genitals, or  excessive hair loss | ❍ | ❍ | ❍ | ❍ |
| Dryness of skin and/or scalp | ❍ | ❍ | ❍ | ❍ |
| Mental sluggishness | ❍ | ❍ | ❍ | ❍ |
| **Category XI** | **0** | **1** | **2** | **3** |
| Heart palpitations | ❍ | ❍ | ❍ | ❍ |
| Inward trembling | ❍ | ❍ | ❍ | ❍ |
| Increased pulse even at rest | ❍ | ❍ | ❍ | ❍ |
| Nervous and emotional | ❍ | ❍ | ❍ | ❍ |
| Insomnia | ❍ | ❍ | ❍ | ❍ |
| Night sweats | ❍ | ❍ | ❍ | ❍ |
| Difficulty gaining weight | ❍ | ❍ | ❍ | ❍ |
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| **Category XII** | **0** | **1** | **2** | **3** |
| Diminished sex drive | ❍ | ❍ | ❍ | ❍ |
| Menstrual disorders or lack of menstruation | ❍ | ❍ | ❍ | ❍ |
| Increased ability to eat sugars without symptoms | ❍ | ❍ | ❍ | ❍ |

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| **Category XIII** | **0** | **1** | **2** | **3** |
| Increased sex drive | ❍ | ❍ | ❍ | ❍ |
| Tolerance to sugars reduced | ❍ | ❍ | ❍ | ❍ |
| "Splitting"-type headaches | ❍ | ❍ | ❍ | ❍ |
| **Category XIV** | **0** | **1** | **2** | **3** |
| Urination difficulty or dribbling | ❍ | ❍ | ❍ | ❍ |
| Frequent urination | ❍ | ❍ | ❍ | ❍ |
| Pain inside of legs or heels | ❍ | ❍ | ❍ | ❍ |
| Feeling of incomplete bowel emptying | ❍ | ❍ | ❍ | ❍ |
| Leg twitching at night | ❍ | ❍ | ❍ | ❍ |
| **Category XV** | **0** | **1** | **2** | **3** |
| Decreased libido | ❍ | ❍ | ❍ | ❍ |
| Decreased number of spontaneous morning erections | ❍ | ❍ | ❍ | ❍ |
| 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 | ❍ | ❍ | ❍ | ❍ |

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| **Category XVI** | **0** | **1** | **2** | **3** |
| Perimenopausal | ❍ Yes | | ❍ No | |
| Alternating menstrual cycle lengths | ❍ Yes | | ❍ No | |
| Extended menstrual cycle (greater than 32 days) | ❍ Yes | | ❍ No | |
| Shortened menstrual cycle (less than 24 days) | ❍ Yes | | ❍ No | |
| Pain and cramping during periods | ❍ | ❍ | ❍ | ❍ |
| Scanty blood flow | ❍ | ❍ | ❍ | ❍ |
| Heavy blood flow | ❍ | ❍ | ❍ | ❍ |
| Breast pain and swelling during menses | ❍ | ❍ | ❍ | ❍ |
| Pelvic pain during menses | ❍ | ❍ | ❍ | ❍ |
| Irritable and depressed during menses | ❍ | ❍ | ❍ | ❍ |
| Acne | ❍ | ❍ | ❍ | ❍ |
| Facial hair growth | ❍ | ❍ | ❍ | ❍ |
| Hair loss/thinning | ❍ | ❍ | ❍ | ❍ |
| **Category XVII** | **0** | **1** | **2** | **3** |
| How many years have you been menopausal? | ————————— years | | | |
| Since menopause, do you ever have uterine bleeding? | ❍ Yes | | ❍ No | |
| Hot flashes | ❍ | ❍ | ❍ | ❍ |
| Mental fogginess | ❍ | ❍ | ❍ | ❍ |
| Disinterest in sex | ❍ | ❍ | ❍ | ❍ |
| Mood swings | ❍ | ❍ | ❍ | ❍ |
| Depression | ❍ | ❍ | ❍ | ❍ |
| Painful intercourse | ❍ | ❍ | ❍ | ❍ |
| Shrinking breasts | ❍ | ❍ | ❍ | ❍ |
| Facial hair growth | ❍ | ❍ | ❍ | ❍ |
| Acne | ❍ | ❍ | ❍ | ❍ |
| Increased vaginal pain, dryness, or itching | ❍ | ❍ | ❍ | ❍ |

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| **Category XVIII** |  |  |  |  |
| 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 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? | ❍ Yes | | ❍ No | |
| Do you currently have mercury amalgams (fillings)? | ❍ Yes | | ❍ No | |
| Have you had mercury amalgam fillings removed  in the past? | ❍ Yes | | ❍ No | |
| Rate your levels of stress on a scale of 1 to 10 during the average week: | 1 2 3 4 5 6 7 8 9 10 | | | |
| Please list any medications you currently take and for what conditions: | | | | |
| Please list any natural supplements you currently take and for what conditions: | | | | |