

# Metabolic Assessment Form

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

Category I	0	1	2	3
Feeling that bowels do not empty completely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower abdominal pain relieved by passing stool or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternating constipation and diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard, dry, or small stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coated tongue or "fuzzy" debris on tongue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pass large amount of foul-smelling gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than three bowel movements daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use laxatives frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category II	0	1	2	3
Excessive belching, burping, or bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas immediately following a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offensive breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult bowel movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of fullness during and after meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty digesting fruits and vegetables; undigested food found in stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Category III	0	1	2	3
Stomach pain, burning, or aching one to four hours after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use antacids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel hungry an hour or two after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn when lying down or bending forward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary relief by using antacids, food, milk, or carbonated beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive problems subside with rest and relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category IV	0	1	2	3
Roughage and fiber cause constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigestion and fullness last two to four hours after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain, tenderness, soreness on left side under rib cage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive passage of gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool undigested, foul smelling, mucous-like, greasy, or poorly formed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst and appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category V	0	1	2	3
Greasy or high-fat foods cause distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower bowel gas and/or bloating several hours after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bitter metallic taste in mouth, especially in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burpy, fishy taste after consuming fish oils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained itchy skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellowish cast to eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool color alternates from clay colored to normal brown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reddened skin, especially palms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry or flaky skin and/or hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of gallbladder attacks or stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had your gallbladder removed?	<input type="radio"/> Yes		<input type="radio"/> No	
<b>Category VI</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Crave sweets during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable if meals are missed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depend on coffee to keep going/get started	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get light-headed if meals are missed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating relieves fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel shaky, jittery, or have tremors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agitated, easily upset, nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor memory/forgetful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category VII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fatigue after meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave sweets during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating sweets does not relieve cravings for sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Must have sweets after meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Waist girth is equal or larger than hip girth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst and appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category VIII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cannot stay asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow starter in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness when standing up quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches with exertion or stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak nails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category IX</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cannot fall asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perspire easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under high amount of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain when under stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wake up tired even after six or more hours of sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive perspiration or perspiration with little or no activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category X</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Tired/sluggish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel cold—hands, feet, all over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Require excessive amounts of sleep to function properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Increase in weight even with low-calorie diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gain weight easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult, infrequent bowel movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/lack of motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning headaches that wear off as the day progresses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outer third of eyebrow thins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinning of hair on scalp, face, or genitals, or excessive hair loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dryness of skin and/or scalp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental sluggishness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XI</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inward trembling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased pulse even at rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous and emotional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty gaining weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Diminished sex drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual disorders or lack of menstruation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased ability to eat sugars without symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Category XIII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Increased sex drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tolerance to sugars reduced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Splitting"-type headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XIV</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Urination difficulty or dribbling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain inside of legs or heels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of incomplete bowel emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg twitching at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XV</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Decreased libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased number of spontaneous morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased fullness of erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty maintaining morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spells of mental fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Episodes of depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased physical stamina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in fat distribution around chest and hips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

More emotional than in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<b>Category XVI</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
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Perimenopausal	<input type="radio"/> Yes		<input type="radio"/> No	
Alternating menstrual cycle lengths	<input type="radio"/> Yes		<input type="radio"/> No	
Extended menstrual cycle (greater than 32 days)	<input type="radio"/> Yes		<input type="radio"/> No	
Shortened menstrual cycle (less than 24 days)	<input type="radio"/> Yes		<input type="radio"/> No	
Pain and cramping during periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scanty blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast pain and swelling during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvic pain during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable and depressed during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial hair growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss/thinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Category XVII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
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How many years have you been menopausal?	_____ years			
Since menopause, do you ever have uterine bleeding?	<input type="radio"/> Yes		<input type="radio"/> No	
Hot flashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental fogginess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinterest in sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Painful intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Shrinking breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Facial hair growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Increased vaginal pain, dryness, or itching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<b>Category XVIII</b>										
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?	<input type="radio"/> Yes		<input type="radio"/> No							
Do you currently have mercury amalgams (fillings)?	<input type="radio"/> Yes		<input type="radio"/> No							
Have you had mercury amalgam fillings removed in the past?	<input type="radio"/> Yes		<input type="radio"/> 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: