## **Metabolic Assessment Form**

Name: \_\_\_\_\_

Age: \_\_\_\_ Sex: \_\_\_ Date: \_\_\_\_\_

## PART I

Please list the 5 major health concerns in your order of importance:

## 1.\_\_\_\_\_ 2.\_\_\_\_\_ 3.\_\_\_\_\_ 4.\_\_\_\_\_ 5.\_\_\_\_\_

## Please circle the appropriate number "0 - 3" on all questions below. PART II 0 as the least/never to 3 as the most/always.

| $ \begin{array}{c} \text{Category I} \\ \text{Category I} \\ \text{Lower abdominal pain relief by passing stool or gas} \\ \text{Lower badominal pain relief by passing stool or gas} \\ \text{Lower bowel gas and or bidding} \\ \text{Lower bowel gas and or bidding} \\ \text{Severa hours after eating} \\ \text{Constipution} \\ Const$ | Category I  |   |   |   |   | Category V                            |    |   |   |    |
|--|---|---|---|---|---|---------------------------------------|----|---|---|----|
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| Alternating constipution and diarrhea0123several hours after cating0123Diarrhea0123Bitter metallic taste in mouth,<br>especially in the morning0123Constipation0123Unexplained itchy skin0123Coated tongue of "fuzzy" debris on tongue0123Unexplained itchy skin0123Pass large amount of foul smelling gas0123Stool color alternates from clay coloredto normal brown0123Use laxatives frequently0123Reddened skin, especially palms0123Category IIExcessive belching, burping, or bloating0123Trabel from all act or stools0123Gfensive breath0123Category VITrave svets during the day0123Offensive breath0123Depend no coffee to keep yourself going or started0123Offensive breath0123Depend no coffee to keep yourself going or started0123Offensive breath0123Butter during the day123Butter during the day123Offensive breath0123Butter during the day1<  |   |   |   |   |   |                                       | U  | I | 4 | 3  |
| $ \begin{array}{c c c c c c c c c c c c c c c c c c c $  |   |   |   |   | - |                                       | Δ  | 1 | 2 | 2  |
| Constipation0123especially in the morning0123Hard, dry, or small stool0123Unexplained itchy skin0123Caded tongue of "hzzry" debris on tongue0123Yellowish cast to eyes0123Pass large amount of foul smelling gas0123Stool color alternates from clay coloredto normal brown0123More than 3 bowel movements daily0123Reddened skin, especially nalms0123Category IIExcessive belching, burping, or bloating0123Have you had your gallbladder attacks or stones0123Offensive breath0123Category VICrave sweets during the day0123Difficult joseting furits and vegetable;<br>undigested foods found in stools0123Category VICrave sweets during the day123Somach pain, burning, or abing 1-4 hours after eating0123Agitated, easily upset, nervous0123Do yo frequently use antacids?0123Poor memory, forgetful0123Difficult jostip prish and or barder giftig forus and relaxation0123Crave sweets during the day0123Difficult point relation when   |   |   |   |   | - |                                       | U  | I | 2 | 3  |
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| Category IVMust have sweets after meals0123Roughage and fiber cause constipation0123Indigestion and fullness lasts 2-40123hours after eating0123Pain, tenderness, soreness on left side0123under rib cage0123Excessive passage of gas0123Nausea and/or vomiting0123Stool undigested, foul smelling,0123mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123Headaches with exertion or stress0123   |   | 0 | 1 | 2 | 3 |                                       | 0  |   |   |    |
| Roughage and fiber cause constipation0123Indigestion and fullness lasts 2-40123hours after eating0123Pain, tenderness, soreness on left side0123under rib cage0123Excessive passage of gas0123Nausea and/or vomiting0123Stool undigested, foul smelling,0123mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123Headaches with exertion or stress0123  | F • F F • • • • • • • • • • • • • • • •                 | Ŭ | - | - | · |                                       | 0  |   |   |    |
| Roughage and fiber cause constipation0123Indigestion and fullness lasts 2-4<br>hours after eating0123hours after eating0123Pain, tenderness, soreness on left side<br>under rib cage0123Excessive passage of gas0123Nausea and/or vomiting0123Stool undigested, foul smelling,<br>mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123Difficulty losing weight0123Headaches with exertion or stress0123  | Category IV   |   |   |   |   |                                       |    |   |   |    |
| Indigestion and fullness lasts 2-4<br>hours after eating0123Pain, tenderness, soreness on left side<br>under rib cage0123Excessive passage of gas0123Nausea and/or vomiting0123Stool undigested, foul smelling,<br>mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123Difficulty losing weight0123Headaches with exertion or stress0123   |   | 0 | 1 | 2 | 3 |                                       | 0  | 1 |   |    |
| hours after eating0123Pain, tenderness, soreness on left side0123under rib cage0123Excessive passage of gas0123Nausea and/or vomiting0123Stool undigested, foul smelling,0123mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123Headaches with exertion or stress0123   |   | Ŭ | - | - | · |                                       | 0  |   |   |    |
| Pain, tenderness, soreness on left side<br>under rib cage0123Excessive passage of gas0123Nausea and/or vomiting0123Stool undigested, foul smelling,<br>mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123  |   | 0 | 1 | 2 | 3 | Difficulty losing weight              | 0  | 1 | 2 | 3  |
| under rib cage0123Category VIIIExcessive passage of gas0123Cannot stay asleep0123Nausea and/or vomiting0123Crave salt0123Stool undigested, foul smelling,  |   | v | 1 | - | 5 |                                       |    |   |   |    |
| Excessive passage of gas0123Nausea and/or vomiting0123Stool undigested, foul smelling,<br>mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123   |   | 0 | 1 | 2 | 3 | Category VIII                         |    |   |   |    |
| Nausea and/or vomiting0123Stool undigested, foul smelling,<br>mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123   |   |   |   |   | - | Cannot stay asleep                    | 0  | 1 | 2 | 3  |
| Number of the second systemthe second systemthe second systemthe second systemthe second systemStool undigested, foul smelling,<br>mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123  |   |   |   |   |   |                                       | 0  | 1 | 2 |    |
| Stoor undigested, four sincing,<br>mucous-like, greasy, or poorly formed0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123  |   | U | I | 4 | 3 | Slow starter in the morning           | 0  | 1 | 2 |    |
| Indecids file0123Frequent urination0123Increased thirst and appetite0123Difficulty losing weight0123   |   | Δ | 1 | 2 | 2 |                                       | 0  | 1 | 2 |    |
| Increased thirst and appetite0123Difficulty losing weight0123  |   |   |   |   |   | Dizziness when standing up quickly    | 0  |   |   |    |
| Difficulty losing weight $0 \ 1 \ 2 \ 3$ Headaches with exertion or stress $0 \ 1 \ 2 \ 3$   |   |   |   |   | - |                                       |    |   |   |    |
|  |   |   |   |   |   |                                       |    |   |   |    |
|  | Difficulty losing weight                                | U | I | 2 | 3 |                                       |    |   |   |    |
|  |   |   |   |   |   |                                       | -  | - | _ | -  |

Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition.

For nutritional purposes only.

| Category IX   |        |        | -             | _      | Category XIV (Males Only)                                  | c      | ~      | -             | -      |
|---|--------|--------|---------------|--------|--|--------|--------|---------------|--------|
| Cannot fall asleep  | 0      | 1      | 2             | 3      | Urination difficulty or dribbling                          | 0<br>0 | 1      | 2             | 3      |
| Perspire easily<br>Under high amounts of stress   | 0<br>0 | 1<br>1 | 2<br>2        | 3<br>3 | Urination frequent<br>Pain inside of legs or heels         | 0      | 1<br>1 | 2<br>2        | 3<br>3 |
| Weight gain when under stress   | 0      | 1      | $\frac{2}{2}$ | 3      | Feeling of incomplete bowel evacuation                     | 0      | 1      | $\frac{2}{2}$ | 3      |
| Wake up tired even after 6 or more hours of sleep   | Ŏ      | 1      | 2             | 3      | Leg nervousness at night                                   | ŏ      | 1      | $\frac{1}{2}$ | 3      |
| Excessive perspiration or perspiration with   |        |        |               |        |  |        |        |               | -      |
| little or no activity   | 0      | 1      | 2             | 3      | Category XV (Males Only)                                   |        |        |               |        |
|   |        |        |               |        | Decrease in libido   | 0      | 1      | 2             | 3      |
| Category X  |        |        |               |        | Decrease in spontaneous morning erections                  | 0      | 1      | 2             | 3      |
| Tired, sluggish   | 0      | 1      | 2             | 3      | Decrease in fullness of erections                          | 0      | 1      | 2             | 3      |
| Feel cold – hands, feet, all over   | 0      | 1      | 2             | 3      | Difficulty in maintain morning erections                   | 0<br>0 | 1<br>1 | 2<br>2        | 3<br>3 |
| Require excessive amounts of sleep to   |        |        |               |        | Spells of mental fatigue<br>Inability to concentrate       | 0      | 1<br>1 | $\frac{2}{2}$ | 3<br>3 |
| function properly   | 0      | 1      | 2             | 3      | Episodes of depression                                     | 0      | 1      | $\frac{2}{2}$ | 3      |
| Increase in weight gain even with low-calorie diet  | 0<br>0 | 1<br>1 | 2<br>2        | 3      | Muscle soreness  | 0      | 1      | $\frac{2}{2}$ | 3      |
| Gain weight easily<br>Difficult, infrequent bowel movements                                     | 0      | 1      | $\frac{2}{2}$ | 3<br>3 | Decrease in physical stamina                               | Õ      | 1      | 2             | 3      |
| Depression, lack of motivation  | 0      | 1      | $\frac{2}{2}$ | 3      | Unexplained weight gain                                    | 0      | 1      | 2             | 3      |
| Morning headaches that wear off   | U      | 1      | -             | 5      | Increase in fat distribution around chest and hips         | 0      | 1      | 2             | 3      |
| as the day progresses   | 0      | 1      | 2             | 3      | Sweating attacks   | 0      | 1      | 2             | 3      |
| Outer third of eyebrow thins  | Ŏ      | 1      | 2             | 3      | More emotional than in the past                            | 0      | 1      | 2             | 3      |
| Thinning of hair on scalp, face or genitals or  |        |        |               |        |  |        |        |               |        |
| excessive falling hair  | 0      | 1      | 2             | 3      | Category XVI (Menstruating Females Only)                   |        |        |               |        |
| Dryness of skin and/or scalp  | 0      | 1      | 2             | 3      | Are you perimenopausal                                     | Yes    |        | No            | )      |
| Mental sluggishness   | 0      | 1      | 2             | 3      | Alternating menstrual cycle lengths                        | Yes    |        | No            |        |
|   |        |        |               |        | Extended menstrual cycle, greater than 32 days             | Yes    |        | No            |        |
| Category XI   |        |        |               |        | Shortened menses, less than every 24 days                  | Yes    |        | No            |        |
| Heart palpations  | 0      | 1      | 2             | 3      | Pain and cramping during periods                           | 0      | 1      | 2             | 3      |
| Inward trembling  | 0      | 1      | 2             | 3      | Scanty blood flow  | 0      | 1      | 2             | 3      |
| Increased pulse even at rest  | 0      | 1      | 2             | 3      | Heavy blood flow<br>Breast pain and swelling during menses | 0<br>0 | 1<br>1 | 2<br>2        | 3<br>3 |
| Nervous and emotional   | 0      | 1      | 2             | 3      | Pelvic pain during menses                                  | 0      | 1      | $\frac{2}{2}$ | 3<br>3 |
| Insomnia  | 0      | 1      | 2             | 3      | Irritable and depressed during menses                      | 0      | 1      | $\frac{2}{2}$ | 3      |
| Night sweats  | 0      | 1      | 2<br>2        | 3      | Acne break outs  | Ő      | 1      | 2             | 3      |
| Difficulty gaining weight   | 0      | 1      | 2             | 3      | Facial hair growth   | Õ      | 1      | 2             | 3      |
|   |        |        |               |        | Hair loss/thinning   | 0      | 1      | 2             | 3      |
| Category XII  | •      |        | •             | •      | C  |        |        |               |        |
| Diminished sex drive  | 0      | 1      | 2             | 3      | Category XVII (Menopausal Females Only)                    |        |        |               |        |
| Menstrual disorders or lack of menstruation<br>Increased ability to eat sugars without symptoms | 0<br>0 | 1<br>1 | 2<br>2        | 3<br>3 | How many years have you been menopausal?                   |        |        |               |        |
| increased ability to eat sugars without symptoms  | U      | 1      | 4             | 3      | Since menopause, do you ever have uterine bleeding?        | Yes    |        | N             |        |
|   |        |        |               |        | Hot flashes  | 0      | 1      | 2             | 3      |
| Category XIII   | 0      | 1      | 2             | 2      | Mental fogginess   | 0      | 1      | 2             | 3      |
| Increased sex drive<br>Tolerance to sugars reduced  | U<br>A | 1      | 2<br>2        | 3      | Disinterest in sex<br>Mood swings                          | 0      | 1<br>1 | 2<br>2        | 3<br>3 |
| "Splitting" type headaches  | 0      | 1      | $\frac{2}{2}$ | 3      | Depression   | 0      | 1      | $\frac{2}{2}$ | 3      |
| Splitting type lieadaelies  | U      | 1      | 4             | 5      | Painful intercourse  | Ő      | 1      | $\frac{2}{2}$ | 3      |
|   |        |        |               |        | Shrinking breasts  | Õ      | 1      | 2             | 3      |
|   |        |        |               |        | Facial hair growth   | 0      | 1      | 2             | 3      |
|   |        |        |               |        | Acne   | 0      | 1      | 2             | 3      |
| PART III  |        |        |               |        | Increased vaginal pain, dryness or itching                 | 0      | 1      | 2             | 3      |
|   |        |        |               |        |  |        |        |               | I      |
| How many alcohol beverages do you consume per   | week   | ?      |               |        | - How many caffeinated beverages do you consume per da     | y? _   |        |               |        |
| 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 avera   | ge we  | ek:    |               |        | ,,,,,  |        |        |               |        |
|   | -      |        |               |        | ,,,,,  |        |        |               |        |
| Do you smoke? If yes, how many times  |        |        |               |        |  |        |        |               |        |
|   | -      |        |               |        |  |        |        |               |        |
| Rate your stress levels on a scale of 1-10 during th  |        | -      |               |        |  |        |        |               |        |
| Please list any medications you currently take  | e and  | for    | what          | t con  | litions:   |        |        |               |        |
|   |        |        |               |        |  |        |        |               |        |

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