## Metabolic Assessment Form<sup>TM</sup>

Name:	Age:	Sex:	Date:
PART I			
Please list your 5 major health concerns in order of importance:			
1.	4.		
2.	5.		
3.			

PART II Please circle the appropriate number 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 relieved by passing stool or gate 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 3 bowel movements daily Use laxatives frequently  Category II Increasing frequency of food reactions Unpredictable food reactions Aches, pains, and swelling throughout the body Unpredictable abdominal swelling Frequent bloating and distention after eating  Category III Intolerance to smells Intolerance to jewelry Intolerance to shampoo, lotion, detergents, etc Multiple smell and chemical sensitivities Constant skin outbreaks  Category IV Excessive belching, burping, or bloating	ease circle the appropriate n	number on all qu						
	Feeling that bowels do Lower abdominal pain Alternating constipation Diarrhea Constipation Hard, dry, or small stoc Coated tongue or "fuzz Pass large amount of for More than 3 bowel mo	relieved by passing stool or gas on and diarrhea  ol  zy" debris on tongue  oul-smelling gas  vements daily	0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3		
	Increasing frequency o Unpredictable food rea Aches, pains, and swel Unpredictable abdomin	actions ling throughout the body nal swelling	0 0 0 0	1 1 1 1	2 2 2 2 2	3 3 3 3		
	Intolerance to smells Intolerance to jewelry Intolerance to shampoo, Multiple smell and cher	nical sensitivities	0 0 0 0	1 1 1 1	2	3		
		wing a meal nents g and after meals oteins and meats;	0 0 0 0 0	1 1 1 1 1		3 3 3 3 3		
	Use of antacids Feel hungry an hour or Heartburn when lying Temporary relief by us carbonated beverage Digestive problems sul	down or bending forward ing antacids, food, milk, or es bside with rest and relaxation foods, chocolate, citrus,	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3		
		is last 2-4 hours after eating less on left side under rib cage gas g smelling, mucus like, ormed	0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3		
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Category VII Abdominal distention after consumption of fiber, starches, and sugar Abdominal distention after certain probiotic	0	1	2	3
or natural supplements  Decreased gastrointestinal motility, constipation Increased gastrointestinal motility, diarrhea Alternating constipation and diarrhea Suspicion of nutritional malabsorption Frequent use of antacid medication Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/ Diverticulitis, or Leaky Gut Syndrome?	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2 2 No	3 3 3 3 3
Category VIII 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 Unexplained itchy skin Yellowish cast to eyes Stool color alternates from clay colored to	0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3
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?	0 0 0 0	1 1 1 Yes	2 2 2 No	3 3 3
Category IX Acne and unhealthy skin Excessive hair loss Overall sense of bloating Bodily swelling for no reason Hormone imbalances Weight gain Poor bowel function Excessively foul-smelling sweat	0 0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	3 3 3 3 3 3
Category X 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 between meals Blurred vision	0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3
Category XI 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	0 0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	3 3 3 3 3 3

0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	Category XVI (Cont.) Night sweats Difficulty gaining weight  Category XVII (Males Only) Urination difficulty or dribbling Frequent urination Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night  Category XVIII (Males Only) Decreased libido	0 0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3
0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3	Difficulty gaining weight  Category XVII (Males Only) Urination difficulty or dribbling Frequent urination Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night  Category XVIII (Males Only)	0 0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2	3 3 3 3
0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3	Category XVII (Males Only) Urination difficulty or dribbling Frequent urination Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night  Category XVIII (Males Only)	0 0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2	3 3 3 3
0 0 0 0 0 0	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	3 3 3 3 3	Urination difficulty or dribbling Frequent urination Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night  Category XVIII (Males Only)	0	1 1	2 2 2	3 3 3
0 0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3	Urination difficulty or dribbling Frequent urination Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night  Category XVIII (Males Only)	0	1 1	2 2 2	3 3 3
0 0 0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2	3 3 3 3	Frequent urination Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night  Category XVIII (Males Only)	0	1 1	2 2 2	3 3 3
0 0 0 0 0 0	1 1 1 1 1	2 2 2 2 2	3 3 3 3	Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night  Category XVIII (Males Only)	0	1 1	2 2	3
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0 0 0 0	1 1 1	2 2	3	Category XVIII (Males Only)	0	1	2	3
0 0 0 0	1 1 1	2 2	3	Category XVIII (Males Only) Decreased libido	0			
0 0 0 0	1 1 1	2 2	3	Decreased libido	Λ			
0 0 0	1 1	2			U	1	2	3
0	1		3	Decreased number of spontaneous morning erections	0	1	2	3
0		,	3	Decreased fullness of erections	0	1	2	3
	•	2	3	Difficulty maintaining morning erections	0	1	2	3
0		2	3	Spells of mental fatigue	0	1	2	3
U	1	2	3	Inability to concentrate	0	1	2	3
	1	2	3	Episodes of depression Muscle soreness	0	1	2	3
				Decreased physical stamina	0	1	2	3
0	1	2	3	Unexplained weight gain	0	1	2	3
	_				0	1	2	3
	_		-		0	_		3
					0			3
-	_			Work emotional than in the past	0	1	2	3
	_			Category XIX (Menstruating Females Only)				
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U	1	2	3		Λ			3
				Scanty blood flow	0			3
Λ	1	2	2	Heavy blood flow	0	_		3
				Breast pain and swelling during menses	0	_		3
				Pelvic pain during menses	ő	_		3
					ő	1		3
					0	1		3
					0	1		3
				Hair loss/thinning	0	1	2	3
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	1	2	3				_ ye	ears
_	1	2	2			Yes		)
				1 1	0	1		3
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U	1	2	3		0			3
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				Increased vaginal pain, dryness, or itching	U A	1 1		
<u> </u>	1				<u> </u>	1		<u> </u>
k?				Rate your stress level on a scale of 1-10 during the average	wee	k:		
			_			-		
у: _			_					
				How many times do you work out per week?				
		_						
k:	_						_	
week	ς:	_						
who	t co	ndi+	ioner					
wila	ı co	nait	ions:					
and	for	wh	at co	nditions:				
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	0 1 2 0 1 2	0 1 2 3 0 1 2 3	Sweating attacks More emotional than in the past  Category XIX (Menstruating Females Only) Perimenopausal Alternating menstrual cycle lengths Extended menstrual cycle (greater than 32 days) Shortened menstrual cycle (less than 24 days) 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 XX (Menopausal Females Only) How many years have you been menopausal? Since menopause, do you ever have uterine bleeding? Hot flashes More emotional than in the past  Category XIX (Menstruating Females Only) Perimenopausal Scanty 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 XX (Menopausal Females Only) How many years have you been menopausal? Since menopause, do you ever have uterine bleeding? Hot flashes More emotional than in the past  Category XIX (Menstruating Females Only) Perimenopausal Alternating menstrual cycle (greater than 32 days) Shortened menstrual cycle (less than 24 days) Pain and cramping during periods Scanty blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne Facial hair growth How many teres have you been menopausal? Since menopause, do you ever have uterine bleeding? Hot flashes  Mood swings Depression Painful intercourse Shrinking breasts Facial hair growth Acne Increased vaginal pain, dryness, or itching  Rate your stress level on a scale of 1-10 during the average How many times do you work out per week? How many times do you work out per week? How many times do you work out per week?	Sweating attacks	Note	Sweating attacks