Metabolic Assessment Form

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

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

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Category I 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 3 bowel movements daily Use laxatives frequently	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
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 Abdominal intolerance to sugars and starches	0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3
Category III Intolerance to smells Intolerance to jewelry Intolerance to shampoo, lotion, detergents, etc. Multiple smell and chemical sensitivities Constant skin outbreaks	0 0 0 0 0	1 1 1 1 1	2 2 2 2 2	3 3 3 3
Category IV 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	0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2	3 3 3 3
Category V Stomach pain, burning, or aching 1-4 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,	0 0 0 0	1 1 1 1 1	2 2 2 2 2 2	3 3 3 3
Category VI Roughage and fiber cause constipation Indigestion and fullness last 2-4 hours after eating Pain, tenderness, soreness on left side under rib cage	0 0 0	1 1 1 1	2 2 2 2	3 3 3

Category VI (continued) Excessive passage of gas Nausea and/or vomiting Stool undigested, foul smelling, mucous like, greasy, or poorly formed Frequent urination Increased thirst and appetite Difficulty losing weight	0 0 0 0 0	1 1 1 1 1	2 2 2 2 2 2	3 3 3
Category VII Greasy or high-fat foods cause distress Lower bowel gas and/or bloating several hours	0	1	2	3
after eating Bitter metallic taste in mouth, especially in the morning Unexplained itchy skin Yellowish cast to eyes Stool color alternates from clay colored to normal brown	0 0 0 0	1 1 1 1	2 2 2 2 2	3 3 3 3
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	1 1 1 Yes	2	3 3 3
Category VIII 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 IX 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	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	3 3 3 3 3 3 3
Category X 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

				Category XVII			
0	1	2	3	Increased sex drive	0	1	2
Õ	1	2	3	Tolerance to sugars reduced	0	1	2
0	1	2			0	1	2
0	1	2		Spritting type neutations	v	-	_
0	1	2	3	Category XVIII (Males Only)			
0	1	2	3		0	1	2
0		2	3				2
0	1	2	3				
							2
							2
0	1	2		Leg twitching at night	U	1	2
			3				
0			3				
0	1	2	3				2
0	1	2	3				2
					0		2
0	1	2	3	Difficulty maintaining morning erections	0	1	2
				Spells of mental fatigue	0	1	2
					0	1	2
0	1	2			0		2
0					0		2
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0		2	3				2
0	1	2	3	More emotional than in the past	U	I	2
0	1		3				
0	1	2	3				
						Yes	ľ
						Yes	N
0	1	2	3	Extended menstrual cycle (greater than 32 days)		Yes	N
						Yes	ľ
	1	2					2
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U	1	Z	3	1 1			2
•		2	2	Facial hair growth			2
	1	2		Hair loss/thinning	0	1	2
0	1	2	3	Category XXI (Menopausal Females Only)			
							,
0	1	2	3			Yes	; N
Õ	1				0		2
0	1				-		2
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O O					-		
U					-		2
U					-		2
U	1	2	3		0	1	2
				Shrinking breasts	0	1	2
Λ	1	2	2	Facial hair growth	0	1	2
				Acne	0	1	2
				Increased vaginal pain, dryness, or itching	Λ	1	2
		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	1	1