

Metabolic Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

PART I

Please list your 5 major health concerns 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.

Category I				Category VI (continued)					
Feeling that bowels do not empty completely	0	1	2	3	Nausea and/or vomiting	0	1	2	3
Lower abdominal pain relieved by passing stool or gas	0	1	2	3	Stool undigested, foul smelling, mucous like, greasy, or poorly formed	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3	Frequent urination	0	1	2	3
Diarrhea	0	1	2	3	Increased thirst and appetite	0	1	2	3
Constipation	0	1	2	3	Category VII				
Hard, dry, or small stool	0	1	2	3	Greasy or high-fat foods cause distress	0	1	2	3
Coated tongue or "fuzzy" debris on tongue	0	1	2	3	Lower bowel gas and/or bloating several hours after eating	0	1	2	3
Pass large amount of foul-smelling gas	0	1	2	3	Bitter metallic taste in mouth, especially in the morning	0	1	2	3
More than 3 bowel movements daily	0	1	2	3	Burpy, fishy taste after consuming fish oils	0	1	2	3
Use laxatives frequently	0	1	2	3	Difficulty losing weight	0	1	2	3
Category II				Category VIII					
Increasing frequency of food reactions	0	1	2	3	Unexplained itchy skin	0	1	2	3
Unpredictable food reactions	0	1	2	3	Yellowish cast to eyes	0	1	2	3
Aches, pains, and swelling throughout the body	0	1	2	3	Stool color alternates from clay colored to normal brown	0	1	2	3
Unpredictable abdominal swelling	0	1	2	3	Reddened skin, especially palms	0	1	2	3
Frequent bloating and distention after eating	0	1	2	3	Dry or flaky skin and/or hair	0	1	2	3
Abdominal intolerance to sugars and starches	0	1	2	3	History of gallbladder attacks or stones	0	1	2	3
Category III				Category IX					
Intolerance to smells	0	1	2	3	Crave sweets during the day	0	1	2	3
Intolerance to jewelry	0	1	2	3	Irritable if meals are missed	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc.	0	1	2	3	Depend on coffee to keep going/get started	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3	Get light-headed if meals are missed	0	1	2	3
Constant skin outbreaks	0	1	2	3	Eating relieves fatigue	0	1	2	3
Category IV				Category X					
Excessive belching, burping, or bloating	0	1	2	3	Fatigue after meals	0	1	2	3
Gas immediately following a meal	0	1	2	3	Crave sweets during the day	0	1	2	3
Offensive breath	0	1	2	3	Eating sweets does not relieve cravings for sugar	0	1	2	3
Difficult bowel movement	0	1	2	3	Must have sweets after meals	0	1	2	3
Sense of fullness during and after meals	0	1	2	3	Waist girth is equal or larger than hip girth	0	1	2	3
Difficulty digesting fruits and vegetables; undigested food found in stools	0	1	2	3	Frequent urination	0	1	2	3
Category V				Category X (continued)					
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3	Increased thirst and appetite	0	1	2	3
Use antacids	0	1	2	3	Difficulty losing weight	0	1	2	3
Feel hungry an hour or two after eating	0	1	2	3					
Heartburn when lying down or bending forward	0	1	2	3					
Temporary relief by using antacids, food, milk, or carbonated beverages	0	1	2	3					
Digestive problems subside with rest and relaxation	0	1	2	3					
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0	1	2	3					
Category VI									
Roughage and fiber cause constipation	0	1	2	3					
Indigestion and fullness last 2-4 hours after eating	0	1	2	3					
Pain, tenderness, soreness on left side under rib cage	0	1	2	3					
Excessive passage of gas	0	1	2	3					