Metabolic Assessment Form TM											
Name:					Age:	Sex:	Date:				
PART I Please list your 5 major health concerns in orde 1.					_ 4		1 B 1				
2. 3.					_ 3		X 3.7 5.7				
PART II Please circle the appropriate n Category I			n a	II qu	Category VII			st/alwa	ys.		
Feeling that bowels do not empty completely Lower abdominal pain relieved by passing stool or gas	0	1	2	3	Abdominal diste	ention after con es, and sugar	sumption of	0	1	2	3
Alternating constipation and diarrhea	Ŏ	î	2 2	3	Abdominal diste		ain probiotic	U	•	-	,
Diarrhea	0	1	2	3	or natural su		-	0	1	2	3
Constipation	0	1	2	3			lity, constipation	0	1	2	3
Hard, dry. or small stool			2	3			ity, diarrhea	0	1	2	3
Coated tongue or "fuzzy" debris on tongue	0	1	2	3	Alternating cons			0	1	2	3
Pass large amount of foul-smelling gas	0	1	2	3	Suspicion of nu			0	1		
More than 3 bowel movements daily	0	1		3	Frequent use of			0	1	2	3
Use laxatives frequently Category II	0	1	2	3		diagnosed with wel Syndrome, is, or Leaky Gu	Diverticulosis/		Yes	No	0
Increasing frequency of food reactions	0	1	2	3			1 40 € 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
Unpredictable food reactions	0	1	2	3	Category VIII						
Aches, pains, and swelling throughout the body	0	1	2	3	Greasy or high-			0	1	2	3

	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	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3
The second secon	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	0 0 0 0	1 1 1 1	2 2 2 2 2	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	1 1 1 1	2 2 2 2 2 2	3 3 3 3
The same of the sa	Category IV Excessive belching, burping, or bloating Gas immediately following a meal Offensive breath Difficult bowel movements Sense of fullness during and after meals Difficulty digesting proteins and meats; undigested food found in stools	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 of 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	1 1 1 1	2 2 2 2 2 2	3 3 3 3 3
	peppers, alcohol, and caffeine Category VI Difficulty digesting roughage and fiber Indigestion and fullness last 2-4 hours after eating Pain, tenderness, soreness on left side under rib cage Excessive passage of gas Nausea and/or vomiting Stool undigested, foul smelling, mucus like, greasy, or poorly formed Frequent loss of appetite	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3

Category VII				
Abdominal distention after consumption of	_		_	
fiber, starches, and sugar	0	1	2	3
Abdominal distention after certain probiotic		-	•	.
or natural supplements	0	1	2	3
Decreased gastrointestinal motility, constipation	0	1	2	3
Increased gastrointestinal motility, diarrhea	0	1	2 2	3 3
Alternating constipation and diarrhea Suspicion of nutritional malabsorption	0	1	2	3
Frequent use of antacid medication	0	1	2	3
Have you been diagnosed with Celiac Disease,	U		_	٦
Irritable Bowel Syndrome, Diverticulosis/				- 1
Diverticulitis, or Leaky Gut Syndrome?		Yes	No	,
The state of the s				
Category VIII				1
Greasy or high-fat foods cause distress	0	1	2	3
Lower bowel gas and/or bloating several hours				- 1
after eating	0	1	2	3
Bitter metallic taste in mouth, especially in the morning	0	1	2	3 3 3
Burpy, fishy taste after consuming fish oils	0	1	2	3
Unexplained itchy skin	0	1	2	3
Yellowish cast to eyes	0	1	2	3
Stool color alternates from clay colored to	_	_	_	
normal brown	0	1	2	3
Reddened skin, especially palms	0	1	2	3
Dry or flaky skin and/or hair History of gallbladder attacks or stones	0	1	2	3
Have you had your gallbladder removed?	0	1 Yes	2 No	3
Trave you had your ganoradder removed:		163	170	'
Category IX				
Acne and unhealthy skin	0	1	2	3
Excessive hair loss	0	1	2	3
Overall sense of bloating	0	1	2	3 3
Bodily swelling for no reason	0	1	2	3
Hormone imbalances	0	1	2	3
Weight gain	0	1	2	3
Poor bowel function	0	1	2	3 3 3
Excessively foul-smelling sweat	0	1	2	3
Category X				- 1
Crave sweets during the day	0	1	2	3
Irritable if meals are missed	0	1	2	3 3
Depend on coffee to keep going/get started	0	1	2	3
Get light-headed if meals are missed	0	1	2	3
Eating relieves fatigue	0	1	2	3
Feel shaky, jittery, or have tremors	0	1	2	3 3
Agitated, easily upset, nervous	0	1	2	3
Poor memory, forgetful between meals	0	1	2	3
Blurred vision	0	1	2	3
NAME OF THE PARTY				
Cotomorni VI				- 1
Category XI	•	-	~	ا ر
Fatigue after meals	0	1	2	3
Fatigue after meals Crave sweets during the day	0	1	2	3 3
Fatigue after meals Crave sweets during the day Eating sweets does not relieve cravings for sugar	0	1 1	2	3 3 3
Fatigue after meals Crave sweets during the day Eating sweets does not relieve cravings for sugar Must have sweets after meals	0 0 0	1 1 1	2	3 3 3
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	0 0 0 0	1 1 1	2 2 2 2	3 3 3 3
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	0 0 0 0	1 1 1 1	2 2 2 2 2	3 3 3 3 3
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	0 0 0 0	1 1 1	2 2 2 2	3 3 3 3 3 3 3

Category XII		1			Category XVI (Con
Cannot stay asleep	0	1	2	3	Night sweats
Crave salt	0	1	2	3	Difficulty gaining w
Slow starter in the morning	0	1	2	3	
Afternoon fatigue	0	1	2	3	Category XVII (Ma
Dizziness when standing up quickly	0	1	2	3	Urination difficulty
Afternoon headaches	0	1	2	3	Frequent urination
Headaches with exertion or stress	0	1	2	3	Pain inside of legs o
Weak nails	0	1	2	3	Feeling of incomple
Control of the Contro	٠	•	~	-	Leg twitching at nig
Category XIII					
Cannot fall asleep	0	1	2	3	Category XVIII (M
Perspire easily	0	1	2	3	Decreased libido
Under a high amount of stress	0	1		3	Decreased number of
Weight gain when under stress	0	1	2	3	Decreased fullness of
Wake up tired even after 6 or more hours of sleep	0	1	2	3	Difficulty maintaining
Excessive perspiration or perspiration with little	U	1	Z	3	Spells of mental fati
or no activity	•		•	•	Inability to concentr
of no activity	0	1	2	3	Episodes of depressi
Cotogom, VIV					Muscle soreness
Category XIV		2	_	_	Decreased physical s
Edema and swelling in ankles and wrists	0	1	2	3	Unexplained weight
Muscle cramping	0	1	2	3	Increase in fat distril
Poor muscle endurance	0	1	2	3	Sweating attacks
Frequent urination	0	1	2	3	More emotional than
Frequent thirst	0	1	2	3	
Crave salt	0	1	2	3	Category XIX (Mer
Abnormal sweating from minimal activity	0	1	2	3	Perimenopausal
Alteration in bowel regularity	0	1	2	3	Alternating menstrua
Inability to hold breath for long periods	0	1	2	3	Extended menstrual
Shallow, rapid breathing	0	1	2	3	Shortened menstrual
700					Pain and cramping d
Category XV					Scanty blood flow
Tired/sluggish	0	1	2	3	Heavy blood flow
Feel cold—hands, feet, all over	0	1	2	3	Breast pain and swel
Require excessive amounts of sleep to function properly	0	1	2	3	Pelvic pain during m
Increase in weight even with low-calorie diet	0	1	2	3	Irritable and depress
Gain weight easily	0	1	2	3	Acne
Difficult, infrequent bowel movements	0	1	2	3	Facial hair growth
Depression/lack of motivation	0	1	2	3	Hair loss/thinning
Morning headaches that wear off as the day progresses	0	1	2	3	NV 04
Outer third of eyebrow thins	0	1	2	3	Category XX (Meno
Thinning of hair on scalp, face, or genitals, or excessive	v	1	-	3	How many years hav
hair loss	0	1	2	2	Since menopause, do
Dryness of skin and/or scalp		1	2	3	Hot flashes
Mental sluggishness	0	1	2	3	Mental fogginess
Marian Sinkkisimess	0	1	2	3	Disinterest in sex
Category XVI					Mood swings
			_		Depression
Heart palpitations	0	1	2	3	Painful intercourse
Inward trembling	0	1	2	3	Shrinking breasts
Increased pulse even at rest	0	1	2	3	Facial hair growth
Nervous and emotional Insomnia	0	1	2	3	Acne
	0	1	2	3	Increased vaginal par

Category XVI (Cont.) Night sweats Difficulty gaining weight Difficulty gaining weight Difficulty gaining weight Difficulty gaining weight Difficulty or dribbling Difficulty of Decreased flow Difficulty (Males Only) Decreased flow Difficulty maintaining morning erections Decreased flow Dec					
Difficulty gaining weight					
Category XVII (Males Only) Urination difficulty or dribbling Frequent urination 0		0	1	2	3
Urination difficulty or dribbling 0	Difficulty gaining weight				
Urination difficulty or dribbling 0	Catagory XVII (Malas Only)				
Frequent urination Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night Category XVIII (Males Only) Decreased libido Decreased number of spontaneous morning erections Decreased fullness of erections Difficulty maintaining morning erections Difficulty maintaining morning erections Spells of mental fatigue Inability to concentrate Episodes of depression Muscle soreness Decreased physical stamina Unexplained weight gain Increase in fat distribution around chest and hips Sweating attacks More emotional than in the past Category XIX (Menstruating Females Only) Perimenopausal Alternating menstrual cycle (greater than 32 days) Shortened menstrual cycle (2 (2 to 3 days) Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses 1					
Pain inside of legs or heels Feeling of incomplete bowel emptying Leg twitching at night Category XVIII (Males Only) Decreased libido Decreased number of spontaneous morning erections Decreased fullness of erections Difficulty maintaining morning erections Difficulty maintaining morning erections Spells of mental fatigue Inability to concentrate Episodes of depression Muscle soreness Decreased physical stamina Unexplained weight gain Increase in fat distribution around chest and hips 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 (greater than 32 days) Shortened menstrual cycle (greater than 32 days) Pain and cramping during periods Scanty blood flow Heavy blood flow Heavy blood flow Heavy blood flow Freating and swelling during menses Pelvic pain during menses Irritable and depressed during menses Pelvic pain during menses Acne Peacial 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 Mental fogginess Disinterest in sex Mood swings Depression Painful intercourse Shrinking breasts Facial hair growth Acne Painful intercourse Facial					
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How many alcoholic beverages do you consume per week?	Rate your stress level on a scale of 1-10 during the average week:
How many caffeinated beverages do you consume per day?	How many times do you eat fish per week?
How many times do you eat out per week?	How many times do you work out per week?
How many times do you eat raw nuts or seeds per week?	
List the three worst foods you eat during the average week:	
List the three healthiest foods you eat during the average week:	
PART IV	

Please list any medications you currently take and for what conditions:

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