

Metabolic Assessment				
Name: _____				
rare - 0 occasionally - 1 sometimes - 2 frequently- 3				
Category 1	0	1	2	3
Feel bowels don't completely empty				
Less than 2 bowel movements a day? Circle: Yes No				
Coated white tongue				
Use laxatives or Metamucil frequently				
totals				
Category 2	0	1	2	3
Daily burping & bloating				
Pass gas or have bad breath				
Difficulty digesting fruit or vegetables- stomach pains				
Sense of fullness after meal				
totals				
Category 3	0	1	2	3
Stomach pain or burning 1-4 hrs after eating				
Use antacids frequently- heartburn				
Feel hungry an hour or two after eating				
Temporary relief from food, milk, soda, antacids				
totals				
Category 4	0	1	2	3
Fiber causes constipation				
Indigestion & fullness lasts 2-4 hrs after eating				
Stools foul smelling- might float				
Frequently passes gas, nausea or vomiting				
totals				
Category 5	0	1	2	3
Fried or fatty foods cause distress				
Metallic taste in mouth, especially in the morning				
Itchy, reddened or yellow skin and eyes				
Flaky skin, dry hair				
totals				
Category 6	0	1	2	3
Crave sweets, coffee or soda				
Irritable, lightheaded, shakey, tremors if miss a meal				
Eating relieves fatigue				
Poor memory or blurred vision				
totals				
Category 7	0	1	2	3
Fatigued after meals				
Craves sweets after a meal				
Increased thirst or appetite				
Difficulty losing weight				
totals				
Category 8	0	1	2	3
Trouble staying asleep- wakes during the night				
Craves salty foods				
Slow starter in the morning or tired in early afternoon				
Dizzy when standing up to quickly				
Weak nails				
totals				
Category 9	0	1	2	3
Trouble falling asleep or under a lot of stress				
Sweats easily				
Weight gain when feeling stressed				
Wake up tired -after 6 or more hours of sleep				
totals				

Category 10	0	1	2	3
Tired & sluggish during the day, need LOTS of sleep				
Gains weight easily or thin hair or dry skin				
Constipated or infrequent bowel movements				
Lacks motivation, depressed or mentally unclear				
totals				
Category 11	0	1	2	3
Heart palpitations- inward trembling or night sweats				
Increased pulse even at rest				
Nervousness & emotional or insomnia or very thin				
totals				
Category 12	0	1	2	3
Diminished or increased Sex drive				
Menstrual disorders or lack of menses				
Increased ability to eat sugars without symptoms				
Splitting headaches				
totals				
Category 13	0	1	2	3
Urination difficulty				
Decrease libido or erection function				
Frequent urination or incomplete Bowel evacuation				
Pain inside of legs or heels or Restless leg at night				
totals				
Category 14	0	1	2	3
Hyperactivity or sleep disturbances				
Stammering when speaking or problems finding words				
Difficulty concentrating, making decisions, or memory				
Headache or poor coordination				
totals				
Category 15	0	1	2	3
Abdominal pain, food cravings, overweight or cellulite				
Coughing, sneezing, runny nose several time per year				
Intolerance or allergy to certain foods?				
Nausea, vomiting, diarrhea, gout or arthritis?				
Joint tenderness, tendonitis or fibromyalgia?				
totals				
Category 16	0	1	2	3
Spells of mental fatigue or hard to concentrate				
Times of depression or low interest in life				
Varicose veins , hemorrhoids or poor eye sight				
Sweat attacks or emotional				
totals				
Category 17	0	1	2	3
Are you Peri-menapausal? (transition to menopause)				
Pain, cramping or heavy blood flow during period				
Pelvic pain during intercourse				
Hair loss or thinning or acne break out or facial hair				
totals				
Category 18	0	1	2	3
Hot flashes, vaginal dryness or itching				
Mental fogginess or mood swings				
Disinterest in sex, difficult orgasm or painful sex				
Mood swings, acne or facial hair growth				
totals				
Category 19	0	1	2	3
Rashes, brown spots, exzema, warts or mouth sores				
Frequent crying, aggressive, or more emotional				
Loss of smell, hay fever, coughs, sinusitis, colds, flu				
totals				