

# METABOLIC ASSESSMENT FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

**PART I** Please circle the appropriate number “0 – 3” on all questions below.  
0 as the least/never to 3 as the most/always.

<p><b>Category I</b></p> <p>Feeling that bowels do not empty completely 0 1 2 3</p> <p>Lower abdominal pain relief by passing stool or gas 0 1 2 3</p> <p>Alternating constipation and diarrhea 0 1 2 3</p> <p>Diarrhea 0 1 2 3</p> <p>Constipation 0 1 2 3</p> <p>Hard dry or small stool 0 1 2 3</p> <p>Coated tongue of “fuzzy” debris on tongue 0 1 2 3</p> <p>Pass large amount of foul smelling gas 0 1 2 3</p> <p>More than 3 bowel movements daily 0 1 2 3</p> <p>Do you use laxatives frequently? 0 1 2 3</p> <p><b>Category II</b></p> <p>Excessive belching, burping or bloating 0 1 2 3</p> <p>Gas immediately following a meal 0 1 2 3</p> <p>Offensive breath 0 1 2 3</p> <p>Difficult bowel movements 0 1 2 3</p> <p>Sense of fullness during and after meals 0 1 2 3</p> <p>Difficulty digesting fruits and vegetables; undigested foods found in stool 0 1 2 3</p> <p><b>Category III</b></p> <p>Stomach pain, burning or aching 1-4 hours after eating 0 1 2 3</p> <p>Do you frequently use antacids 0 1 2 3</p> <p>Feeling hungry an hour or two after eating 0 1 2 3</p> <p>Heartburn when lying down or bending forward 0 1 2 3</p> <p>Temporary relief from antacids, food, milk and carbonated beverages 0 1 2 3</p> <p>Digestive problems subside with rest and relaxation 0 1 2 3</p> <p>Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol and caffeine 0 1 2 3</p> <p><b>Category IV</b></p> <p>Roughage and fiber cause constipation 0 1 2 3</p> <p>Indigestion and fullness lasts 2-4 hours after eating 0 1 2 3</p> <p>Pain, tenderness, soreness on left side under rib cage, bloated 0 1 2 3</p> <p>Excessive passage of gas 0 1 2 3</p> <p>Nausea and/or vomiting 0 1 2 3</p> <p>Stool undigested, foul smelling, mucous-like, greasy or poorly formed 0 1 2 3</p> <p>Frequent urination 0 1 2 3</p> <p>Increased thirst and appetite 0 1 2 3</p> <p>Difficulty losing weight 0 1 2 3</p>	<p><b>Category V</b></p> <p>Greasy or high-fat foods cause distress 0 1 2 3</p> <p>Lower bowel gas and/or bloating several hours after eating 0 1 2 3</p> <p>Bitter metallic taste in mouth, especially in the morning 0 1 2 3</p> <p>Unexplained itchy skin 0 1 2 3</p> <p>Yellowish cast to eyes 0 1 2 3</p> <p>Stool color alternates from clay colored to normal brown 0 1 2 3</p> <p>Reddened skin, especially palms 0 1 2 3</p> <p>Dry or flaky skin and/or hair 0 1 2 3</p> <p>History of gallbladder attacks or stones 0 1 2 3</p> <p>Have you had your gallbladder removed? Y N</p> <p><b>Category VI</b></p> <p>Crave sweets during the day 0 1 2 3</p> <p>Irritable if meals are missed 0 1 2 3</p> <p>Depend on coffee to keep yourself going or getting started 0 1 2 3</p> <p>Get lightheaded if meals are missed 0 1 2 3</p> <p>Eating relieves fatigue 0 1 2 3</p> <p>Feel shaky, jittery, tremors 0 1 2 3</p> <p>Agitated, easily upset, nervous 0 1 2 3</p> <p>Poor memory, forgetful 0 1 2 3</p> <p>Blurred vision 0 1 2 3</p> <p><b>Category VII</b></p> <p>Fatigue after meals 0 1 2 3</p> <p>Crave sweets during the day 0 1 2 3</p> <p>Eating sweets does not relieve cravings for sugar 0 1 2 3</p> <p>Must have sweets after meals 0 1 2 3</p> <p>Waist girth is equal or larger than hip girth 0 1 2 3</p> <p>Frequent urination 0 1 2 3</p> <p>Increased thirst and appetite 0 1 2 3</p> <p>Difficulty losing weight 0 1 2 3</p> <p><b>Category VIII</b></p> <p>Cannot stay asleep 0 1 2 3</p> <p>Crave salt 0 1 2 3</p> <p>Slow starter in the morning 0 1 2 3</p> <p>Afternoon fatigue 0 1 2 3</p> <p>Dizziness when standing up quickly 0 1 2 3</p> <p>Afternoon headaches 0 1 2 3</p> <p>Headaches with exertion or stress 0 1 2 3</p> <p>Weak nails 0 1 2 3</p>
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<b>Category IX</b>				<b>Category XV (Male only)</b>					
Cannot fall asleep	0	1	2	3	Decrease in libido	0	1	2	3
Perspire easily	0	1	2	3	Decrease in spontaneous morning erections	0	1	2	3
Under high amounts of stress	0	1	2	3	Decrease in fullness of erections	0	1	2	3
Weight gain under stress	0	1	2	3	Difficulty in maintaining morning erections	0	1	2	3
Wake up tired even after 6 hours or more of sleep	0	1	2	3	Spells of mental fatigue	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3	Inability to concentrate	0	1	2	3
<b>Category X</b>				<b>Category XVI (Menstruating Females Only)</b>					
Tired, sluggish	0	1	2	3	Are you menopausal?	Y	N		
Feel cold-hands, feet, all over	0	1	2	3	Alternating menstrual cycle lengths	Y	N		
Require excessive amounts of sleep to function properly	0	1	2	3	Extended menstrual cycle, greater than 32 days	Y	N		
Increase in weight gain even with low calorie diet	0	1	2	3	Shortened menses, less than every 24 days	Y	N		
Weight gain easily	0	1	2	3	Pain and cramping during periods	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3	Scanty blood flow	0	1	2	3
Depression, lack of motivation	0	1	2	3	Heavy blood flow	0	1	2	3
Morning headaches that wear off as day progresses	0	1	2	3	Breast pain and swelling during menses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3	Pelvic pain during menses	0	1	2	3
Thinning of hair on scalp, face or genitals; or excessive hair falling out	0	1	2	3	Irritable and depressed during menses	0	1	2	3
Dryness of skin and/or scaly	0	1	2	3	Acne breakouts	0	1	2	3
Mental sluggishness	0	1	2	3	Facial hair growth	0	1	2	3
<b>Category XI</b>				<b>Category XVII (Menopausal Females Only)</b>					
Heart palpitations	0	1	2	3	How many years have you been menopausal?	_____			
Inward trembling	0	1	2	3	Do you ever experience uterine bleeding since the onset of menopause?	Y	N		
Increased pulse, even at rest	0	1	2	3	Hot flashes	0	1	2	3
Nervousness and emotional	0	1	2	3	Mental fatigue	0	1	2	3
Insomnia	0	1	2	3	Disinterest in sex	0	1	2	3
Night sweats	0	1	2	3	Mood swings	0	1	2	3
Difficulty gaining weight	0	1	2	3	Depression	0	1	2	3
<b>Category XII</b>				<b>Category XVIII (Menopausal Females Only)</b>					
Diminished sex drive	0	1	2	3	Painful intercourse	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3	Shrinking breasts	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3	Facial hair growth	0	1	2	3
<b>Category XIII</b>				<b>Category XIX (Menopausal Females Only)</b>					
Increased sex drive	0	1	2	3	Acne	0	1	2	3
Tolerance to sugars reduced	0	1	2	3	Increased vaginal pain, dryness or itching	0	1	2	3
Splitting type of headaches	0	1	2	3					
<b>Category XIV (Male only)</b>									
Urination difficulty or dribbling	0	1	2	3					
Urination frequent	0	1	2	3					
Pain inside of legs or heels	0	1	2	3					
Feeling of incomplete bowel movement	0	1	2	3					
Leg nervousness at night	0	1	2	3					