Metabolic Assessment Form[™]

 Name:
 Age:
 Sex:
 Date:

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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.

Catagony					Cotogowy VI (Cout)				
Category I Feeling that bowels do not empty completely	0	1	2	3	Category VI (Cont.) Nausea and/or vomiting	0	1	2	3
Lower abdominal pain relieved by passing stool or gas	0	1	$\frac{2}{2}$	3	Stool undigested, foul smelling, mucus like,	U	T	4	3
Alternating constipation and diarrhea	Ő	1	$\frac{2}{2}$	3	greasy, or poorly formed	0	1	2	3
Diarrhea	Ő	1	$\frac{2}{2}$	3	Frequent urination	Ő	1	$\frac{2}{2}$	3
Constipation	Ő	1	$\frac{2}{2}$	3	Increased thirst and appetite	Ő	1	$\frac{2}{2}$	3
Hard, dry, or small stool	Ŏ	1	$\frac{1}{2}$	3	increased timst and appende	U		-	5
Coated tongue or "fuzzy" debris on tongue	Ŏ	1	$\frac{1}{2}$	3	Category VII				
Pass large amount of foul-smelling gas	Ŏ	1	2	3	Greasy or high-fat foods cause distress	0	1	2	3
More than 3 bowel movements daily	Ŏ	1	$\overline{2}$	3	Lower bowel gas and/or bloating several hours				
Use laxatives frequently	Ŏ	1	2	3	after eating	0	1	2	3
ose laxatives nequently	v	-	-	U	Bitter metallic taste in mouth, especially in the morning	0	1	2	3
Category II					Burpy, fishy taste after consuming fish oils	0	1	2	3
Increasing frequency of food reactions	0	1	2	3	Difficulty losing weight	0	1	2	3
Unpredictable food reactions	Ő	1	2	3	Unexplained itchy skin	0	1	2	3
Aches, pains, and swelling throughout the body	Ŏ	1	$\overline{2}$	3	Yellowish cast to eyes	0	1	2	3
Unpredictable abdominal swelling	Ő	1	2	3	Stool color alternates from clay colored to				
Frequent bloating and distention after eating	Ő	1	2	3	normal brown	0	1	2	3
Abdominal intolerance to sugars and starches	Ŏ	1	2	3	Reddened skin, especially palms	0	1	2	3
rodoninar intolerance to sugars and statenes	v	-	-	U	Dry or flaky skin and/or hair	0	1	2	3
Category III					History of gallbladder attacks or stones	0	1	2	3
Intolerance to smells	0	1	2	3	Have you had your gallbladder removed?		Yes	N	0
Intolerance to jewelry	Ő	1	2	3					
Intolerance to shampoo, lotion, detergents, etc	Ő	1	2	3	Category VIII				
Multiple smell and chemical sensitivities	Ő	1	$\overline{2}$	3	Acne and unhealthy skin	0	1	2	3
Constant skin outbreaks	Ŏ	1	2	3	Excessive hair loss	0	1	2	3
	Ū	-	-		Overall sense of bloating	0	1	2	3
Category IV					Bodily swelling for no reason	0	1	2	3
Excessive belching, burping, or bloating	0	1	2	3	Hormone imbalances	0	1	2	3
Gas immediately following a meal	Ō	1	2	3	Weight gain	0	1	2	3
Offensive breath	Õ	1	$\overline{2}$	3	Poor bowel function	0	1	2	3
Difficult bowel movements	Õ	1	2	3	Excessively foul-smelling sweat	0	1	2	3
Sense of fullness during and after meals	Ō	1	2	3	Category IX				
Difficulty digesting fruits and vegetables;					Crave sweets during the day	Δ	1	2	2
undigested food found in stools	0	1	2	3	Irritable if meals are missed	0	1	2 2	3
	-			-	Depend on coffee to keep going/get started	U A	1	$\frac{2}{2}$	$\begin{vmatrix} 3 \\ 3 \end{vmatrix}$
Category V					Get light-headed if meals are missed	0	1	$\frac{2}{2}$	$\begin{vmatrix} 3 \\ 3 \end{vmatrix}$
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3	Eating relieves fatigue	U A	1	$\frac{2}{2}$	$\frac{3}{3}$
Use of antacids	Ő	1	2	3	Feel shaky, jittery, or have tremors	U A	1	2	$\begin{vmatrix} 3 \\ 3 \end{vmatrix}$
Feel hungry an hour or two after eating	Ő	1	$\overline{2}$	3	Agitated, easily upset, nervous	0	1	$\frac{2}{2}$	$\begin{vmatrix} 3 \\ 3 \end{vmatrix}$
Heartburn when lying down or bending forward	Õ	1	2	3	Poor memory/forgetful	0	1	2	$\frac{3}{3}$
Temporary relief by using antacids, food, milk, or	-				Blurred vision	0	1	$\frac{2}{2}$	$\frac{3}{3}$
carbonated beverages	0	1	2	3		U	T	4	3
Digestive problems subside with rest and relaxation	0	1	2	3	Category X				
Heartburn due to spicy foods, chocolate, citrus,					Fatigue after meals	0	1	2	3
peppers, alcohol, and caffeine	0	1	2	3	Crave sweets during the day	0	1	2	3
X X X X X X X X X X X					Eating sweets does not relieve cravings for sugar	0	1	2	3
Category VI					Must have sweets after meals	0	1	2	3
Roughage and fiber cause constipation	0	1	2	3	Waist girth is equal or larger than hip girth	0	1	2	3
Indigestion and fullness last 2-4 hours after eating	Õ	1	2	3	Frequent urination	0	1	2	3
Pain, tenderness, soreness on left side under rib cage	Ō	1	2	3	Increased thirst and appetite	0	1	2	3
Excessive passage of gas	Ō	1	2	3	Difficulty losing weight	0	1	2	3

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PART III

 How many alcoholic beverages do you consume per week?

 How many caffeinated beverages do you consume per day?

How many times do you eat 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:

Rate your stress level on a scale of 1-10 during the average week:

How many times do you eat fish per week?

How many times do you work out per week?