## **Metabolic Assessment Form Key**

 Name:
 Age:
 Sex:
 Date:

## PART I

Pleas	st the 5 major health concern in your order of importance:
1	
2.	
3.	
4.	
5.	

## Please circle the appropriate number "0 - 3" on all questions below. PART II 0 as the least/never to 3 as the most/always.

					-
Category I: Colon					
	•		•	•	1
Feeling that bowels do not empty completely	0	1	2	3	
Lower abdominal pain relief by passing stool or gas	0	1	2	3	
Alternating constipation and diarrhea	0	1	2	3	
Diarrhea	0	1	2	3	
Constipation	0	1	2	3	
		-	2		
Hard dry or small stool	0	1		3	
Coated tongue of "fuzzy" debris on tongue	0	1	2	3	
Pass large amount of foul smelling gas	0	1	2	3	
More than 3 bowel movements daily	0	1	2	3	
	õ	1	$\frac{1}{2}$	3	
Do you use laxatives frequently	U	1	2	3	
Category II: Hypochlorydia	-				
Excessive belching, burping, or bloating	0	1	2	3	
Gas immediately following a meal	0	1	2	3	
Offensive breath	Õ	1	2	3	1
Difficult bowel movements	-	-			1
	0	1	2	3	
Sense of fullness during and after meals	0	1	2	3	1
Difficulty digesting fruits and vegetables;					1
undigested foods found in stools	0	1	2	3	
analgested foods found in stools	U	•	-	5	
Category III: Hyperacidity (Ulcer)					
Stomach pain, burning or aching 1-4 hours after eating	0	1	2	3	
Do you frequently use antacids	0	1	2	3	
Feeling hungry an hour or two after eating	0	1	2	3	
Heartburn when lying down or bending forward	Õ	1	2	3	
	U		4	3	
Temporary relief from antacids, food,					
milk, carbonated beverages	0	1	2	3	
Digestive problems subside with rest and relaxation	0	1	2	3	
Heartburn due to spicy foods, chocolate, citrus,	•		-	e	
	0		•	•	
peppers, alcohol, and caffeine	0	1	2	3	
Category IV: Small Intestine (Pancreas)	0		•	•	
Roughage and fiber cause constipation	0	1	2	3	1
Indigestion and fullness lasts 2-4					1
hours after eating	0	1	2	3	
Pain, tenderness, soreness on left side					1
under rib cage bloated	0	1	n	2	1
		1	2	3	
Excessive passage of gas	0	1	2	3	
Nausea and/or vomiting	0	1	2	3	
Excessive passage of gas	0	1	2	3	
Stool undigested, foul smelling,	v	•	-	2	1
	~		~	-	
mucous-like, greasy, or poorly formed	0	1	2	3	1
Frequent urination	0	1	2	3	1
Increased thirst and appetite	0	1	2	3	1
Difficulty losing weight	Ő	1	2	3	ł
	v	•	-	5	
					1

Category V: Biliary Insufficiency/Statis Greasy or high fat foods cause distress	0	1	
Lower bowel gas and or bloating	-	-	
several hours after eating	0	1	
Bitter metallic taste in mouth,			
especially in the morning	0	1	
Unexplained itchy skin	0	1	
Yellowish cast to eyes	0	1	
Stool color alternates from clay colored			
to normal brown	0	1	
Reddened skin, especially palms	0	1	
Dry or flaky skin and/or hair	0	1	
History of gallbladder attacks or stones	0	1	
Have you had your gallbladder removed	Ye	es	
Category VI: Hypoglycemia			
Crave sweets during the day	0	1	
Irritable if meals are missed	0	1	
Depend on coffee to keep yourself going or started	0	1	
Get lightheaded if meals are missed	0	1	
Eating relieves fatigue	0	1	
Feel shaky, jittery, tremors	0	1	
Agitated, easily upset, nervous	0	1	
Poor memory, forgetful	0	1	
Blurred vision	0	1	
Category VII: Insulin Resistance			
Fatigue after meals	0	1	
Crave sweets during the day	0	1	
Eating sweets does not relieve cravings for sugar	0	1	
Must have sweets after meals	0	1	
Waist girth is equal or larger than hip girth	0	1	
Frequent urination	0	1	
Increased thirst & appetite	0	1	
Difficulty losing weight	0	1	
Category VIII: Adrenal Hypofunction			
Cannot stay asleep	0	1	
Crave salt	0	1	
Slow starter in the morning	0	1	
Afternoon fatigue	0	1	
Dizziness when standing up quickly	0	1	
Afternoon headaches	0	1	
Headaches with exertion or stress	0	1	
Weak nails	0	1	

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Please list any natural supplements you currently take and for what conditions: SMGEMAFKY05(0606).DOC

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