

# Healthy Solutions

## Metabolic Assessment

Name : \_\_\_\_\_ Date : \_\_\_\_\_

**Please circle the numbers that best describes your symptoms**  
**0 - Never 1-Occasionally 2-Frequently 3- Constantly**

### Category I

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
Hard dry or small stool	0 1 2 3
Coated tongue or "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
Use laxatives	0 1 2 3

### Category II

Excessive belching burping or bloating	0 1 2 3
Gas immediately following a meal	0 1 2 3
Offensive breath	0 1 2 3
Difficult bowel movements	0 1 2 3
Sense of fullness during and after meals	0 1 2 3
Difficulty digesting fruits and vegetables and/or undigested foods found in stools	0 1 2 3

### Category III

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	0 1 2 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, peppers, alcohol and caffeine	0 1 2 3

### Category IV

Roughage and fiber cause constipation	0 1 2 3
Indigestion and fullness lasts 2-4 hours after eating	0 1 2 3
Pain, tenderness, soreness on left side	0 1 2 3
Under rib cage bloated	0 1 2 3
Excessive passage of gas	0 1 2 3
Nausea and/or vomiting	0 1 2 3
Stool undigested, foul smelling	0 1 2 3
Mucous-like, greasy or poorly formed stool	0 1 2 3
Frequent urination	0 1 2 3
Increased thirst or appetite	0 1 2 3

### Category V

Greasy or high fat foods cause distress	0 1 2 3
Lower bowel gas and bloating after eating	0 1 2 3
Bitter metallic taste in mouth, especially in the morning	0 1 2 3
Unexplained itchy skin that is worse at night	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	0 1 2 3
History of gallbladder attacks or stones	0 1 2 3
When massaging under rib cage on right side, there is pain, tenderness or soreness	0 1 2 3
Aching muscles not due to exercise	0 1 2 3
Bruise easily	0 1 2 3

### Category VI

Crave sweets during the day	0 1 2 3
Irritable if meals are missed	0 1 2 3
Depend upon coffee to keep self going or started in the morning	0 1 2 3
Get lightheaded if meals are missed	0 1 2 3
Eating relieves fatigue	0 1 2 3
Feel shaky or jittery between meals	0 1 2 3
Agitate, easily upset, nervous	0 1 2 3
Poor memory, forgetful	0 1 2 3
Blurred vision	0 1 2 3

### Category VII

Fatigue after meals	0 1 2 3
Crave sweets during the day	0 1 2 3
Eating sweets does not relieve craving	0 1 2 3
Must have sweets after meals	0 1 2 3
Waist girth is equal or larger than hip girth	0 1 2 3
Frequent urination	0 1 2 3
Increased thirst or appetite	0 1 2 3
Difficulty in losing weight	0 1 2 3

# Metabolic Assessment Form

## Category VIII

Frontal headaches	0	1	2	3
Nasal Drip	0	1	2	3
Heart Palpitations after eating	0	1	2	3
Heartburn after eating	0	1	2	3
Stomach or intestinal pain or cramping	0	1	2	3
Mucous in throat	0	1	2	3
Skinny or pencil size stools	0	1	2	3
Bloating after eating	0	1	2	3
Energy levels fall after eating	0	1	2	3

## Category IX

Cannot stay asleep	0	1	2	3
Crave salt	0	1	2	3
Slow starter in the morning	0	1	2	3
Afternoon fatigue	0	1	2	3
Dizziness when standing up quickly	0	1	2	3
Afternoon headaches	0	1	2	3
Headaches with exertion or stress	0	1	2	3
Weak nails	0	1	2	3
Dark bluish or black circles under eyes	0	1	2	3

## Category X

Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under high amounts of stress	0	1	2	3
Weight gain under stress	0	1	2	3
Wake up tired after 6 or more hours of sleep	0	1	2	3

## Category XI

Tired, sluggish	0	1	2	3
Feel cold - hands and feet, all over	0	1	2	3
Require excessive amounts of sleep				
to function during the day	0	1	2	3
Increased weight gain even on low cal diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression, lack of motivation	0	1	2	3
Morning headaches that wear off during day	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on scalp, face, excessive				
hair falling out	0	1	2	3
Dry skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3

## Category XII

Heart palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervousness and emotional	0	1	2	3
Insomnia	0	1	2	3
Night Sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3

## Category XIII

Diminished sex drive	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3

## Category XIV

Increased sex drive	0	1	2	3
Tolerance to sugars reduced	0	1	2	3
"Splitting" type headaches	0	1	2	3

## Category XV (Males Only)

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 evacuation	0	1	2	3
Leg nervousness at night	0	1	2	3

## Category XVI (Males Only)

Decreased libido	0	1	2	3
Decrease in spontaneous morning erection	0	1	2	3
Decreased in fullness of erections	0	1	2	3
Difficulty in maintaining morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decrease in physical stamina	0	1	2	3
Unexplained weight gain	0	1	2	3
Increase in fat distribution around chest and hips	0	1	2	3
Sweating attacks	0	1	2	3
More emotional than in the past	0	1	2	3

## Category XVII (Menstruating Females Only)

Are you in menopause?	Y	N		
Alternating menstrual cycle lengths?	Y	N		
Extended menstrual cycle, greater than 32 days?	Y	N		
Shortened menses, less than every 24 days?	Y	N		
Pain and cramping during periods	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Acne break outs before/during menses	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3

## Category XVIII (Menopausal Females Only)

How many years have you been menopausal?				
Do you ever have uterine bleeding since menopause?	Y	N		
Hot flashes	0	1	2	3
Mental foginess	0	1	2	3
Disinterest in sex	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3
Shrinking breast	0	1	2	3
Facial hair growth	0	1	2	3
Acne	0	1	2	3
Increased vaginal pain, dryness, or itching	0	1	2	3