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Be Well Healing Arts, LLC

Name: _____ Age: _____ Sex: _____ Date: _____

Metabolic Assessment Form

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

Category 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
Hard dry or small stool	0	1	2	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
Do you use laxatives frequently	0	1	2	3

Category 2

Food allergies, sensitivities, intolerances	0	1	2	3
Unpredictable food reactions	0	1	2	3
Aches, pains and swelling throughout body	0	1	2	3
Feel spacey often, brain cloudy	0	1	2	3
Frequent Bloating and distension after eating	0	1	2	3
Sinus congestion, stuffy head	0	1	2	3
Crave carbs, bread, pasta				

Category 3

Excessive belching burping or bloating	0	1	2	3
Gas immediately following a meal	0	1	2	3
Bad breath (halitosis)	0	1	2	3
Difficult bowel movements	0	1	2	3
Sense of fullness during and after meals	0	1	2	3
Stomach upset taking vitamins, supplements	0	1	2	3
Undigested foods found in stools	0	1	2	3
Difficulty digesting protein, especially meat	0	1	2	3
Anemia Unresponsive to Iron	0	1	2	3
Feel better if you don't eat	0	1	2	3

Category 4

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 5

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				
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, mucous-like, greasy or poorly formed	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst and appetite	0	1	2	3
Difficulty losing weight	0	1	2	3

Category 6

High fat foods (nuts, cheese, fries) cause distress	0	1	2	3
Easily intoxicated, sick or hungover from alcohol	0	1	2	3
Bitter or metallic taste in mouth, esp. morning	0	1	2	3
Nausea, especially with heavy or fatty meals	0	1	2	3
Pain under right side of rib cage	0	1	2	3
History of drug, alcohol or long term prescription medication use	0	1	2	3
Sensitive to smells, tobacco smoke, chemicals	0	1	2	3
Headache over eye or temple region	0	1	2	3
Light colored or clay colored stools	0	1	2	3
History of morning sickness	0	1	2	3
Reddened skin, especially palms	0	1	2	3
Dry or flaky skin and/or hair , itchy skin	0	1	2	3
Hemorrhoids or varicose veins	0	1	2	3
History of gallbladder attacks or stones	0	1	2	3
Have you had your gallbladder removed	Yes	No		

Category 7

Intolerance to smells	0	1	2	3
Intolerance to jewelry	0	1	2	3
Intolerance to shampoo, lotion, detergent, etc.	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3

Category 8

Crave sweets during the day	0	1	2	3
Irritable, shaky or headache if meals are missed	0	1	2	3
Depend on coffee to keep yourself going or started	0	1	2	3
Get lightheaded if meals are missed	0	1	2	3
Fatigue that is relieved by eating	0	1	2	3
Feel shaky, jittery, tremors	0	1	2	3
Agitated, easily upset, nervous	0	1	2	3
Poor memory, forgetful	0	1	2	3
Blurred vision	0	1	2	3
Wake in middle of night, hard to fall back asleep	0	1	2	3

Category 9

Fatigue after meals, “food coma”	0	1	2	3
Crave sweets during the day	0	1	2	3
Eating sweets does not relieve cravings for sugar	0	1	2	3
Must have sweets after meals	0	1	2	3
Excess fat around midsection, greater than hips	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst & appetite	0	1	2	3
Difficulty losing weight	0	1	2	3

Category 10

Cannot stay asleep	0	1	2	3
Crave salt	0	1	2	3
Slow starter in the morning	0	1	2	3
Afternoon fatigue or yawning	0	1	2	3
Dizziness or weakness, esp. upon standing 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
Calm on the outside, troubled on the inside	0	1	2	3

Category 11

Cannot fall asleep	0	1	2	3
Tend to be a "night person," energy at night	0	1	2	3
Perspire easily	0	1	2	3
Under high amounts of stress	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired after full night's sleep, slow starter	0	1	2	3
Perspires easily, with little or no activity	0	1	2	3
Feel wired or jittery after coffee or caffeine	0	1	2	3
Clench or grind teeth	0	1	2	3

Category 12

Tired, sluggish	0	1	2	3
Feel cold – hands, feet, all over .	0	1	2	3
Require excessive amounts of sleep	0	1	2	3
Slowed reflexes or movements	0	1	2	3
Increase in weight gain even with low-calorie 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 as day goes on	0	1	2	3
Puffy or darkness under eyes	0	1	2	3
Outer third of eyebrow thins out or disappears	0	1	2	3
Thinning hair on body or head, excessive hair loss	0	1	2	3
Voice hoarseness	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3
Ovarian cysts, uterine fibroids, fibrocystic breasts	0	1	2	3

Category 13

Heart palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervous 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 14

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 15

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

Category 16

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 17 (MEN ONLY)

Decrease in libido	0	1	2	3
Decrease in spontaneous morning erections	0	1	2	3
Decrease in fullness of erections	0	1	2	3
Difficulty in maintain 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 then in the past	0	1	2	3

Category 18 (WOMEN ONLY)

Are you perimenopausal?	Yes	No		
Irregular menstrual cycle	Yes	No		
Extended menstrual cycle, greater than 32 days	Yes	No		
Shortened menses, less than every 24 days	Yes	No		
Pain and cramping during periods	0	1	2	3
Scanty blood flow	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3
Irritable and depressed during/before menses	0	1	2	3
Acne break outs	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3

Category 19 (WOMEN ONLY)

How many years have you been menopausal?				
Do you ever have uterine bleeding since menopause?	Yes	No		
Hot flashes	0	1	2	3
Mental fogginess	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 breasts	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

PART III: Foods

How many alcohol beverages they consume per week? _____

How many caffeinated beverages do you consume per day? _____

How many times do you eat out per week? _____

How many times a week do you eat raw nuts or seeds? _____

How many times a week do you eat fish? _____

How many times a week do you workout? _____

List the three worst foods you eat during the average week? _____, _____, _____

List the three healthiest foods you eat during the average week? _____, _____, _____

Do you smoke? _____ If yes, how many times a day _____, a week _____.

Rate your stress levels on a scale of 1-10 during the average week. _____

Please list any medications you currently take and for what conditions:

Please list any natural supplements you currently take and for what conditions: