

Metabolic Assessment

Please circle the appropriate number 0-3 on all questions below. 0=least/never, 3=the most/always

Part I					Part VI				
Feeling that bowels do not empty completely	0	1	2	3	Excessive passage of gas	0	1	2	3
Lower abdominal pain relief by passing stool or gas	0	1	2	3	Nausea &/or vomiting	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3	Stool undigested, foul smelling, mucus-like, greasy, or poorly formed	0	1	2	3
Diarrhea	0	1	2	3	Frequent urination	0	1	2	3
Constipation	0	1	2	3	Increased thirst and appetite	0	1	2	3
Hard dry small stool	0	1	2	3	Roughage and fiber cause constipation	0	1	2	3
Coated tongue, fuzzy debris on tongue	0	1	2	3	Part VII				
Pass large amounts of foul smelling gas	0	1	2	3	Greasy or high -fat foods cause distress	0	1	2	3
More than three bowel movements daily	0	1	2	3	Lower bowel gas or bloating several hours after eating	0	1	2	3
Use laxatives frequently	0	1	2	3	Bitter metallic taste in mouth especially in the morning	0	1	2	3
Part II					Unexplained itchy skin	0	1	2	3
Increasing frequency of food reactions	0	1	2	3	Yellowish cast to eyes	0	1	2	3
Unpredictable food reactions	0	1	2	3	Stool color alternates from clay colored to dark brown	0	1	2	3
Aches, pains, and swelling throughout the body	0	1	2	3	Reddened skin, especially palms	0	1	2	3
Unpredictable abdominal swelling	0	1	2	3	Dry or flaky skin or hair	0	1	2	3
Frequent bloating and distention after eating	0	1	2	3	History of gallbladder attacks or stones	0	1	2	3
Abdominal intolerance to sugars and starches	0	1	2	3	Have you had your gallbladder removed		yes	no	
Part III					Part VIII				
Intolerance to smells	0	1	2	3	Acne and unhealthy skin	0	1	2	3
Intolerance to jewelry	0	1	2	3	Excessive hair loss	0	1	2	3
Intolerance to shampoos, lotion, detergents, etc.	0	1	2	3	Overall sense of bloating	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3	Bodily swelling for no reason	0	1	2	3
Constant skin outbreaks	0	1	2	3	Weight gain	0	1	2	3
Part IV					Poor bowel function	0	1	2	3
Excessive belching, burping or bloating	0	1	2	3	Excessively foul-smelling sweat	0	1	2	3
Gas immediately following a meal	0	1	2	3	Part IX				
Offensive breath	0	1	2	3	Crave sweets during the day	0	1	2	3
Difficult bowel movements	0	1	2	3	Irritable if meals are missed	0	1	2	3
Sense of fullness during or after meals	0	1	2	3	Depend on coffee to keep yourself going or started	0	1	2	3
Difficulty digesting fruits and vegetables; undigested foods found in stools	0	1	2	3	Get lightheaded if meals are missed	0	1	2	3
Part V					Eating relieves fatigue	0	1	2	3
Stomach pain, burning or aching 1-4 hours after eating	0	1	2	3	Feel shaky, jittery, or have tremors	0	1	2	3
Use antacids	0	1	2	3	Agitated, easily upset, nervous	0	1	2	3
Feel hungry an hour or two after eating	0	1	2	3	Poor memory/forgetful	0	1	2	3
Heartburn when lying down or bending forward	0	1	2	3	Blurred vision	0	1	2	3
Temporary relief by using antacids, food, milk, or carbonated beverages	0	1	2	3					
Digestive problems subside with rest & relaxation	0	1	2	3					
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol & caffeine	0	1	2	3					

Part X													
Fatigue after meals	0	1	2	3	Sweets don't relieve sugar cravings	0	1	2	3				
Crave sweets during the day	0	1	2	3	Must have sweets after meals	0	1	2	3				
Fatigue after meals	0	1	2	3	Waist is equal or larger than hip girth	0	1	2	3				
Part XI					Part XVI								
Cannot stay asleep	0	1	2	3	Outer third of eyebrow thins Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2	3				
Crave salt	0	1	2	3	Dryness of skin and/or scalp	0	1	2	3				
Slow starter in the morning	0	1	2	3	Mental sluggishness	0	1	2	3				
Afternoon fatigue	0	1	2	3	Morning headaches that wear off as the day progresses	0	1	2	3				
Dizziness when standing up quickly	0	1	2	3	Outer third of eyebrow thins Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2	3				
Weak nails	0	1	2	3	Dryness of skin and/or scalp	0	1	2	3				
Part XII					Part XVII								
Cannot fall asleep	0	1	2	3	Mental sluggishness	0	1	2	3				
Perspire easily	0	1	2	3	Menstrual disorders or lack of menstruation	0	1	2	3				
Under high amounts of stress	0	1	2	3	Increased ability to eat sugars Without symptoms	0	1	2	3				
Weight gain when under stress	0	1	2	3	Part XVII								
Wake up tired even after 6 or more hours of sleep	0	1	2	3	Increased sex drive	0	1	2	3				
Excessive perspiration or perspiration with little or no activity	0	1	2	3	Tolerance to sugars reduced	0	1	2	3				
Part XIII					Part XVIII-MALES ONLY								
Edema and swelling in ankles and wrists	0	1	2	3	Urination difficulty or dribbling	0	1	2	3				
Muscle cramping	0	1	2	3	Frequent urination	0	1	2	3				
Poor muscle endurance	0	1	2	3	Pain inside of legs or heels	0	1	2	3				
Frequent urination	0	1	2	3	Feeling incomplete bowel emptying	0	1	2	3				
Frequent thirst	0	1	2	3	Leg twitching at night	0	1	2	3				
Crave salt	0	1	2	3	Part XIX-MALES ONLY								
Abnormal sweating from minimal activity	0	1	2	3	Decreased libido	0	1	2	3				
Alteration in bowel regularity	0	1	2	3	Decreased number of spontaneous morning erections	0	1	2	3				
Inability to hold breath for long periods	0	1	2	3	Decreased fullness of erections	0	1	2	3				
Shallow, rapid breathing	0	1	2	3	Difficulty maintaining morning Erections	0	1	2	3				
Part XIV					Part XX								
Tired/sluggish	0	1	2	3	Spells of mental fatigue	0	1	2	3				
Feel cold-hands, feet, all over	0	1	2	3	Inability to concentrate	0	1	2	3				
Require excessive amounts of sleep to function properly	0	1	2	3	Episodes of depression	0	1	2	3				
Increase in weight even with low calorie diet	0	1	2	3	Muscle soreness	0	1	2	3				
Gain weight easily	0	1	2	3	Decrease in physical stamina	0	1	2	3				
					Unexplained weight gain	0	1	2	3				

Part XX-MENOPAUSAL FEMALES ONLY					Part XXI-MENSTRUATING FEMALES ONLY				
How many years have you been Menopausal?	—	y			Peri-menopausal	0	1	2	3
	—	e							
		a							
		r							
		s							
Since menopause, do you ever have uterine bleeding?	Ye	N			Alternating menstrual cycle lengths	0	1	2	3
	s	o							
Hot flashes	0	1	2	3	Extended menstrual cycle (greater than 32 days)	0	1	2	3
Mental foginess	0	1	2	3	Shortened menses, less than every 24 days	0	1	2	3
Disinterest in sex	0	1	2	3	Pain and cramping during periods	0	1	2	3
Mood swings	0	1	2	3	Scanty blood flow	0	1	2	3
Depression	0	1	2	3	Heavy blood flow	0	1	2	3
Painful intercourse	0	1	2	3	Breast pain and swelling during menses	0	1	2	3
Shrinking breasts	Ye	N		3	Pelvic pain during menses	Y	N		
	s	o				e	o		
						s			
Facial hair growth	0	1	2	3	Irritable and depressed during menses	Y	N		
						e	o		
						s			
Acne	0	1	2	3	Acne breakouts	Y	N		
						e	o		
						s			
Increased vaginal pain, dryness or itching	0	1	2	3	Facial hair growth	Y	N		
						e	o		
						s			
Increase in fat distribution around chest and hips	0	1	2	3	Hair loss/thinning	0	1	2	3
Sweating attacks	0	1	2	3					
More emotional than in the past	0	1	2	3					

Symptom groups listed on this form are not intended to be used as a diagnosis of any disease or condition.



robin hutchinson, mnt
board certified in holistic nutrition

robin@healthynestnutrition.com
healthynestnutrition.com