

# HealthWise Chiropractic & Nutrition

## Metabolic Assessment Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_ File # \_\_\_\_\_

### **PART 1**

**Please list your top 5 health concerns in order of importance to you:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **PART II**

**Please circle the appropriate number "0 - 3" on ALL questions below.**

**0 = Never / the least      1 = Sometimes      2 = Often      3 = Always / the most**

<b>Category I</b>			
Feeling that bowels do not empty completely	.0	1	2 3
Lower abdominal pain relieved 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 frequently	.0	1	2 3
<b>Category II</b>			
Excessive belching, burping and/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; undigested foods found in stools	.0	1	2 3
<b>Category III</b>			
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, eating food, drinking milk or 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
<b>Category IV</b>			
Roughage and fiber cause constipation	.0	1	2 3
Indigestion and fullness last 2-4 hours after eating	.0	1	2 3
Pain, tenderness, soreness on left side under rib cage	.0	1	2 3
Excessive passage of gas	.0	1	2 3
Nausea and/or vomiting	.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

<b>Category V</b>			
Greasy or high fat foods cause distress	.0	1	2 3
Lower bowel gas and/or bloating several hours after eating	.0	1	2 3
Bitter metallic taste in mouth, especially in the morning	.0	1	2 3
Unexplained itchy skin	.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
Have you had your gallbladder removed?	Yes	No	
<b>Category VI</b>			
Crave sweets during the day	.0	1	2 3
Irritable if meals are missed	.0	1	2 3
Depend on coffee to keep yourself going or to get started	0	1	2 3
Get lightheaded if meals are missed	.0	1	2 3
Eating relieves fatigue	.0	1	2 3
Feel shaky, jittery or have 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
<b>Category VII</b>			
Fatigue after meals	.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
Waist girth is equal or larger than hip girth	.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
<b>Category VIII</b>			
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

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**PART II** Please circle the appropriate number “0 - 3” on ALL questions below.  
(Continued) 0 = Never / the least 1 = Sometimes 2 = Often 3 = Always / the most

<b>Category IX</b>			
Cannot fall asleep .....	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 even after 6 or more hours of sleep .....	0	1	2 3
Excessive perspiration or perspiration with little or no activity .....	0	1	2 3
<b>Category X</b>			
Tired, Sluggish .....	0	1	2 3
Feel cold - hands, feet, all over .....	0	1	2 3
Require excessive amounts of sleep to function properly ..	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 the day progresses ..	0	1	2 3
Outer third of eyebrow thins .....	0	1	2 3
Thinning of hair on scalp, face or genitals, or excessive falling hair .....	0	1	2 3
Dryness of skin and/or scalp .....	0	1	2 3
Mental sluggishness .....	0	1	2 3
<b>Category XI</b>			
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
<b>Category XII</b>			
Diminished sex drive .....	0	1	2 3
Menstrual disorders or lack of menstruation .....	0	1	2 3
Increased ability to eat sugars without symptoms like hyperactivity, headaches, stomach pain, sugar crash ..	0	1	2 3
<b>Category XIII</b>			
Increased sex drive .....	0	1	2 3
Eating sugar causes symptoms like hyperactivity, headaches, stomach pain, sugar crash .....	0	1	2 3
“Splitting” type headaches .....	0	1	2 3

<b>Category XIV (MALES ONLY)</b>			
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
<b>Category XV (MALES ONLY)</b>			
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 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
Decreased 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
<b>Category XVI (MENSTRUATING FEMALES ONLY)</b>			
Are you perimenopausal? .....	Yes	No	
Do you have alternating menstrual cycle lengths? .....	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 (light, spotting) 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 menses .....	0	1	2 3
Acne breakouts .....	0	1	2 3
Facial hair growth .....	0	1	2 3
Hair loss/thinning .....	0	1	2 3
<b>Category XVII (MENOPAUSAL FEMALES ONLY)</b>			
How many years have you been menopausal? .....			
Since menopause, do you ever have uterine bleeding? ..	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 and/or itching .....	0	1	2 3