



Dr. Nate Greenstein
Metabolic Assessment Form (1 of 2)

Name: _____ Date: _____

When answering all questions, please be very honest with your responses. Circle the appropriate number "0-3"
0 as the least/never to 3 as the most/always

Category 1: Colon

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
 Do you use laxatives frequently 0 1 2 3

Category 2: Hypochlorhydria

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/vegetables; undigested foods found in stools 0 1 2 3

Category 3: 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 0 1 2 3
 Temporary relief from antacids, food, 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

Category 4: Small Intestine (Pancreas)

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 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

Category 5: Biliary Insufficiency/Stasis

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

Category 6: Hypoglycemia

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 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, 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

Category 7: Insulin Resistance

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
 Increased thirst & appetite 0 1 2 3
 Difficulty losing weight 0 1 2 3
 Frequent urination 0 1 2 3

Category 8: Adrenal Hypofunction

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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Metabolic Assessment Form (2 of 2)

Category 9: Adrenal Hyperfunction

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

Category 10: Hypothyroid

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, 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 hair falling out 0 1 2 3
 Dryness of skin and/or scalp 0 1 2 3
 Mental sluggishness 0 1 2 3

Category 11: Thyroid Hyperfunction

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 12: Pituitary Hypofunction

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 13: Pituitary Hyperfunction

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

Category 14 (Male Only): Prostate

Urination difficulty or dribbling 0 1 2 3
 Frequent urination 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 15 (Males Only): Andropause

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
 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 16 (Menstruating Females Only)

Are you perimenopausal Yes No
 Alternating menstrual cycle lengths Yes No
 Extended menstrual cycle, greater than 32 days Yes No
 Shortened menstrual cycle, less than 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 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 17 (Menopausal Females 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