# FOUR SEASONS NUTRITION

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## METABOLIC QUESTIONNAIRE

Name: ____________________________________________ Age: ____ Male/Female Date: _______________

PART I: Please list the three major health concerns in order of importance:

1. ______________________________________________________________________________

2. ______________________________________________________________________________

3. ______________________________________________________________________________

PART II: Please circle the appropriate number below – 0 is never and 3 is always.

### 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 frequently . . . . . . . . . . . . . . . . . 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;
undigested foods found in stools . . . . . . . . . . . . . . . 0 1 2 3

### CATEGORY III

Stomach pain/burning/aching 1-4 hours after eating . 0 1 2 3
Frequent use of 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, 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 V

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 VI

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 VII

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

### CATEGORY VIII

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

### CATEGORY IX

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

### CAGTEGORY X

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

### CATEGORY XI

Heart palpations . . . 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 XII

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 XIII

Increases sex drive . . . 0 1 2 3
Tolerance to sugars reduced . . . 0 1 2 3
“Splitting” type headaches . . . 0 1 2 3

### CATEGORY XIV (Male 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 XV (Males Only)

Decrease in libido
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 XVI (Menstruating Females Only)

Are you menopausal . . . 0 1 2 3
Alternating menstrual cycle length . . . Yes / No
Extended menstrual cycle, greater than 32 days . . . Yes / No
Shortened menstrual cycle, less than every 24 days . Yes / No
Pain and cramping during periods . . . Yes / No
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 XVII (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 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

## PART III

How many alcohol beverages do you consume per week? ___

How many times do you eat out per week? ___

How many times do you eat fish per week? ___

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? Yes / No

If yes, how many times a day? _______ a week? ______.

Rate your stress levels on a scale of 1 – 10 (1 is the lowest and 10 is the highest) during an average week. _______

How many caffeinated beverages do you consume per day? _______

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

How many times a week do you exercise? _______

COMMENTS:

________________________________________________________________________________