

# Metamatrix Personal Health Assessment

Please fill out and return with specimen.

Date:  /  /  Age:  Sex:  Weight:  Height:

Race:  Asian-American  Black/African American  Hispanic or Latino  Native American  Pacific Islander  White/Caucasian  Other

## Point Scale for Frequency of Symptoms

Rate each of the following symptoms based upon your typical health profile over the last year by shading in the appropriate circle next to the symptom.

0 = Never or almost never have the symptom    1 = Occasionally have it, effect is not severe    2 = Occasionally have it, effect is severe  
 3 = Frequently have it, effect is not severe    4 = Frequently have it, effect is severe

Energy/Activity	0	1	2	3	4	Heartburn	0	1	2	3	4
Fatigue, sluggishness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apathy, lethargy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alternating constipation/diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hemorrhoids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy fatigability or lack of endurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ears/Mouth/Throat/Nose/Eyes	0	1	2	3	4
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Itchy ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faintness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eardrums, ear infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ring in ears, hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drainage from ear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/Mental	0	1	2	3	4	Stuffy nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sinus problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety, fear or nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hay fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger or irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excessive mucus formation, post-nasal drip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sneezing attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poor night vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion, poor comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Watery or itchy eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen, tender or sticky eyelids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty in making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bags or dark circles under eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stuttering or stammering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chronic coughing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slurred speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sore throat, hoarseness, loss of voice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen or discolored tongue, gums, lips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joints/Muscles/Skin	0	1	2	3	4	Canker sores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or aches in joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart/Lungs	0	1	2	3	4
Stiffness or limitation of movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Irregular or skipped heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or aches in muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rapid or pounding heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of weakness or tiredness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cramps in legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest congestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asthma, bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hives, rashes, or dry skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weight/Other	0	1	2	3	4
Flushing or hot flashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Binge eating/drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingernail abnormalities (spots, ridges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Craving certain foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excessive weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Compulsive eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive Tract	0	1	2	3	4	Water retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Underweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent or urgent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloated feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Genital itch or discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belching/passing gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reset

submit

## Medical and Nutritional Supplement History

Fill in circle indicating current or recent conditions (X), and any medications taken for that condition (Meds)

### Medical History

ILLNESS	X	Meds	ILLNESS	X	Meds	ILLNESS	X	Meds
Acid Reflux	<input type="radio"/>	<input type="radio"/>	COPD	<input type="radio"/>	<input type="radio"/>	Insomnia	<input type="radio"/>	<input type="radio"/>
ADHD	<input type="radio"/>	<input type="radio"/>	Crohns Disease	<input type="radio"/>	<input type="radio"/>	Irregular Menses	<input type="radio"/>	<input type="radio"/>
Adrenal Insufficiency	<input type="radio"/>	<input type="radio"/>	Depression	<input type="radio"/>	<input type="radio"/>	Joint Disease	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>	Developmental Disorders	<input type="radio"/>	<input type="radio"/>	Kidney Failure/Stones	<input type="radio"/>	<input type="radio"/>
Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>	Dermatitis	<input type="radio"/>	<input type="radio"/>	Learning Disorder	<input type="radio"/>	<input type="radio"/>
Anemia	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	Liver Disease	<input type="radio"/>	<input type="radio"/>
Anxiety Disorder	<input type="radio"/>	<input type="radio"/>	Diarrhea, Chronic	<input type="radio"/>	<input type="radio"/>	Metabolic Syndrome	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	Endocrine Disorders	<input type="radio"/>	<input type="radio"/>	Migraines	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	Eczema	<input type="radio"/>	<input type="radio"/>	Multiple Chemical Sensitivities	<input type="radio"/>	<input type="radio"/>
Autism	<input type="radio"/>	<input type="radio"/>	Epilepsy	<input type="radio"/>	<input type="radio"/>	Menopausal Symptoms	<input type="radio"/>	<input type="radio"/>
Bladder Disease	<input type="radio"/>	<input type="radio"/>	Fibromyalgia	<input type="radio"/>	<input type="radio"/>	Osteoporosis	<input type="radio"/>	<input type="radio"/>
Cancer:	<input type="radio"/>	<input type="radio"/>	Food Intolerances	<input type="radio"/>	<input type="radio"/>	Osteopenia	<input type="radio"/>	<input type="radio"/>
Breast	<input type="radio"/>	<input type="radio"/>	Gallbladder Issues	<input type="radio"/>	<input type="radio"/>	Parkinson's Disease	<input type="radio"/>	<input type="radio"/>
Bladder	<input type="radio"/>	<input type="radio"/>	Gastritis	<input type="radio"/>	<input type="radio"/>	Sinus Issues	<input type="radio"/>	<input type="radio"/>
Colon/rectal	<input type="radio"/>	<input type="radio"/>	Genetic/Metabolic Disorder	<input type="radio"/>	<input type="radio"/>	Sleep Disturbances	<input type="radio"/>	<input type="radio"/>
Leukemia	<input type="radio"/>	<input type="radio"/>	Gluten Intolerance	<input type="radio"/>	<input type="radio"/>	Stroke	<input type="radio"/>	<input type="radio"/>
Lung	<input type="radio"/>	<input type="radio"/>	Heart Disease	<input type="radio"/>	<input type="radio"/>	Uterine Fibroids	<input type="radio"/>	<input type="radio"/>
Lymphoma	<input type="radio"/>	<input type="radio"/>	Headache, Chronic	<input type="radio"/>	<input type="radio"/>	Vascular Disease	<input type="radio"/>	<input type="radio"/>
Oral	<input type="radio"/>	<input type="radio"/>	High Cholesterol	<input type="radio"/>	<input type="radio"/>	Weight Gain	<input type="radio"/>	<input type="radio"/>
Pancreatic	<input type="radio"/>	<input type="radio"/>	Hypothyroidism	<input type="radio"/>	<input type="radio"/>	Weight Loss	<input type="radio"/>	<input type="radio"/>
Prostate	<input type="radio"/>	<input type="radio"/>	Hyperthyroidism	<input type="radio"/>	<input type="radio"/>	Other:	<input type="radio"/>	<input type="radio"/>
Skin-melanoma	<input type="radio"/>	<input type="radio"/>	Hemochromatosis	<input type="radio"/>	<input type="radio"/>	Other:	<input type="radio"/>	<input type="radio"/>
Celiac	<input type="radio"/>	<input type="radio"/>	Inflammatory Bowel (IBD)	<input type="radio"/>	<input type="radio"/>	Other:	<input type="radio"/>	<input type="radio"/>
Chronic Fatigue	<input type="radio"/>	<input type="radio"/>	Irritable Bowel Syndrome (IBS)	<input type="radio"/>	<input type="radio"/>	Other:	<input type="radio"/>	<input type="radio"/>

### Nutritional Supplements Used Regularly

Multi-vitamin-mineral	<input type="radio"/>	<b>Individual vitamins or minerals not included in Multi</b>	
Antioxidants	<input type="radio"/>	B-complex Vitamins or individual B-vitamins	<input type="radio"/>
Amino Acids or Protein Powders	<input type="radio"/>	Calcium	<input type="radio"/>
Beta-Carotene, Lycopene, Zeaxanthin	<input type="radio"/>	Curcumin	<input type="radio"/>
Betaine	<input type="radio"/>	Fiber	<input type="radio"/>
Carnitine	<input type="radio"/>	Magnesium	<input type="radio"/>
Coenzyme Q10	<input type="radio"/>	Prebiotics	<input type="radio"/>
Fish Oils	<input type="radio"/>	Probiotics	<input type="radio"/>
Flax Oil	<input type="radio"/>	St. John's Wort	<input type="radio"/>
Lipoic Acid	<input type="radio"/>	Vitamin A	<input type="radio"/>
Vitamin E	<input type="radio"/>	Vitamin D	<input type="radio"/>

