

Medical Symptoms Questionnaire

First Name

Last Name

Date of Birth mm / dd / yyyy

Rating System

Rate each of the following symptoms based upon your typical health profile for:

Point Scale - Circle one

0 - Never or almost never have symptom

1 - Occasionally have it, effect is not severe

2 - Occassionally have it, effect is severe

3 - Frequently have it, effect is not severe

4 - Frequently have it, effect is severe

Head

Headaches

0 1 2 3 4

Dizziness

0 1 2 3 4

Insomnia

0 1 2 3 4

Fainting

0 1 2 3 4

Total Points for Head _____

Eyes

Blurred or Double Vision

0 1 2 3 4

Watery, Itchy

0 1 2 3 4

Bags, Dark Circles Under Eyes

0 1 2 3 4

Swollen, Reddened or Sticky Eyelids

0 1 2 3 4

Total Points for Eyes _____

Mind

Poor Memory/ Concentration/ Forgetfulness

0 1 2 3 4

Confusion

0 1 2 3 4

Poor Physical Coordination

0 1 2 3 4

Difficulty in Decision Making

0 1 2 3 4

Difficulty Choosing Words

0 1 2 3 4

Slurred Speech

0 1 2 3 4

Total Points for Mind _____

Ears

Itchy Ears

0 1 2 3 4

Earaches, Ear Infections

0 1 2 3 4

Drainage from Ear

0 1 2 3 4

Ringing in Ears, Hearing Loss

0 1 2 3 4

Total Points for Ears _____

Mouth/ Throat

Gagging, Frequent Need to Clear Throat

0 1 2 3 4

Sore Throat, Hoarseness, Loss of Voice

0 1 2 3 4

Swollen or Discolored Tongue, Gums, Lips

0 1 2 3 4

Canker Sores/ Fever Blisters/ Cold Sores

0 1 2 3 4

Total Points for Mouth/ Throat _____

Lungs

Chronic Cough

0 1 2 3 4

Asthma, Bronchitis

0 1 2 3 4

Shortness of Breath with Activity

0 1 2 3 4

Difficulty Breathing at Rest

0 1 2 3 4

Chest Congestion

0 1 2 3 4

Total Points for Lungs _____

Nose

Stuffy Nose

0 1 2 3 4

Sinus Problems/ Sinus Pressure

0 1 2 3 4

Hay Fever/ Sneezing

0 1 2 3 4

Excessive Mucus Formation or Bleeding

0 1 2 3 4

Total Points for Nose _____

Heart

Irregular, Skipping Beats

0 1 2 3 4

Rapid, Pounding Beats

0 1 2 3 4

Chest Pain

0 1 2 3 4

Total Points for Heart _____

Digestive Tract

Nausea, Vomiting

0 1 2 3 4

Belching, Passing Gas

0 1 2 3 4

Constipation

0 1 2 3 4

Bloated Feeling

0 1 2 3 4

Diarrhea

0 1 2 3 4

Heartburn

0 1 2 3 4

Intestinal/ Stomach Pain

0 1 2 3 4

Total Points for Digestive Tract _____

Joint Muscle

Pain, Aches in Joint

0 1 2 3 4

Arthritis

0 1 2 3 4

Stiffness, Limitation of Movement

0 1 2 3 4

Pain, Aches in Muscle

0 1 2 3 4

Feeling of Weakness, Strength

0 1 2 3 4

Total Points for Joint Muscle _____

Energy/ Activity

Fatigue, Sluggishness

0 1 2 3 4

Apathy, Lethargy/ Feeling "Blah"

0 1 2 3 4

Hyperactivity

0 1 2 3 4

Restlessness

0 1 2 3 4

Total Points for Energy/ Activity _____

Skin

Acne

0 1 2 3 4

Hives, Rashes, Dry Skin

0 1 2 3 4

Hair Loss

0 1 2 3 4

Flushing, Hot Flashes

0 1 2 3 4

Excessive Sweating

0 1 2 3 4

Total Points for Skin _____

Weight

Binge Eating/ Drinking

0 1 2 3 4

Appetite

0 1 2 3 4

Excessive Weight

0 1 2 3 4

Water Retention

0 1 2 3 4

Craving Certain Foods

0 1 2 3 4

Underweight

0 1 2 3 4

Total Points for Weight _____

Emotions

Mood Swings

0 1 2 3 4

Anxiety, Fear, Nervousness

0 1 2 3 4

Anger, Irritability, Aggressiveness

0 1 2 3 4

Depression

0 1 2 3 4

Total Points for Emotions _____

Sexual

Low Sex Drive/ Libido

0 1 2 3 4

Decreased Arousal (Erection if Male)

0 1 2 3 4

Difficulty Achieving Orgasm

0 1 2 3 4

Premature Orgasm

0 1 2 3 4

Decreased Sensation of Sexual Organ

0 1 2 3 4

Total Points for Sexual _____