

MEDICAL SYMPTOMS QUESTIONNAIRE

Patient Name _____ Date _____ Week _____

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

Past 30 days Past 48 hours

Point Scale

- 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*

HEAD _____ Headaches
 _____ Faintness
 _____ Dizziness
 _____ Insomnia
 Total _____

EYES _____ Watery or itchy eyes
 _____ Swollen, reddened, or sticky eyelids
 _____ Bags or dark circles under eyes
 _____ Blurred or tunnel vision
 (does not include near- or far-sightedness)
 Total _____

EARS _____ Itchy ears
 _____ Earaches, ear infections
 _____ Drainage from ear
 _____ Ringing in ears, hearing loss
 Total _____

NOSE _____ Stuffy nose
 _____ Sinus problems
 _____ Hay fever
 _____ Sneezing attacks
 _____ Excessive mucus formation
 Total _____

MOUTH/THROAT _____ Chronic coughing
 _____ Gagging, frequent need to clear throat
 _____ Sore throat, hoarseness, loss of voice
 _____ Swollen or discolored tongue, gums, lips
 _____ Canker sores
 Total _____

SKIN _____ Acne
 _____ Hives, rashes, dry skin
 _____ Hair loss
 _____ Flushing, hot flashes
 _____ Excessive sweating
 Total _____

HEART _____ Irregular or skipped heartbeat
 _____ Rapid or pounding heartbeat
 _____ Chest pain
 Total _____

LUNGS	_____	Chest congestion	
	_____	Asthma, bronchitis	
	_____	Shortness of breath	
	_____	Difficulty breathing	Total _____
DIGESTIVE TRACT	_____	Nausea, vomiting	
	_____	Diarrhea	
	_____	Constipation	
	_____	Bloated feeling	
	_____	Belching, passing gas	
	_____	Heartburn	
	_____	Intestinal/stomach pain	Total _____
JOINTS/ MUSCLE	_____	Pain or aches in joints	
	_____	Arthritis	
	_____	Stiffness or limitation of movement	
	_____	Pain or aches in muscles	
	_____	Feeling of weakness or tiredness	Total _____
WEIGHT	_____	Binge eating/drinking	
	_____	Craving certain foods	
	_____	Excessive weight	
	_____	Compulsive eating	
	_____	Water retention	
	_____	Underweight	Total _____
ENERGY/ ACTIVITY	_____	Fatigue, sluggishness	
	_____	Apathy, lethargy	
	_____	Hyperactivity	
	_____	Restlessness	Total _____
MIND	_____	Poor memory	
	_____	Confusion, poor comprehension	
	_____	Poor concentration	
	_____	Poor physical coordination	
	_____	Difficulty in making decisions	
	_____	Stuttering or stammering	
	_____	Slurred speech	
	_____	Learning disabilities	Total _____
EMOTIONS	_____	Mood swings	
	_____	Anxiety, fear, nervousness	
	_____	Anger, irritability, aggressiveness	
	_____	Depression	Total _____
OTHER	_____	Frequent illness	
	_____	Frequent or urgent urination	
	_____	Genital itch or discharge	Total _____
GRAND TOTAL			TOTAL _____

PLEASE CHECK OFF APPROPRIATE COLUMN

OCCASION
FREQUENT
CONSTANT

- GENERAL**
- Allergy
 - Cannot tolerate much exercise
 - Chills
 - Cold Sweats
 - Convulsions
 - Depressed
 - Dizziness
 - Dizzy upon standing
 - Extra sensitive to bright light
 - Fainting
 - Fatigue
 - Feel cold (hands, feet, all over)
 - Feeling of poor health
 - Fever
 - Headache
 - Herpes
 - Lack of mental alertness
 - Loss of sleep
 - Loss of weight
 - Nervous, anxious
 - Nervousness/depression
 - Numbness
 - Thyroid trouble
 - Toe or fingernail fungus
 - Tremors
 - Trouble waking up in the AM
 - Unexplained weight loss
 - Water retention
 - Weakness

- MUSCLE & JOINT**
- Arthritis
 - Bursitis
 - Foot trouble
 - Hernia
 - Leg cramps at night
 - Loss in height
 - Low back pain
 - Muscle cramps/spasms
 - Neck pain or stiffness
 - Osteoporosis
 - Pain between shoulders
 - Pain or numbness in:
 - Shoulders
 - Arms
 - Elbows
 - Hands
 - Hips
 - Legs
 - Knees
 - Feet
 - Painful tail bone
 - Poor posture
 - Sciatica
 - Spinal curvature
 - Swollen joints

- O F C GASTRO-INTESTINAL**
- Bad breath
 - Belching or gas
 - Colitis
 - Constipation
 - Diarrhea
 - Difficult digestion
 - Distention of abdomen
 - Excessive hunger
 - Fatigue after eating
 - Fullness for extended time after meals
 - Gall bladder trouble
 - Hemorrhoids
 - Indigestion
 - Intolerance to greasy foods
 - Jaundice/Hepatitis
 - Nausea
 - Nervous stomach
 - Pain over stomach
 - Poor appetite
 - Ulcer or gastritis
 - Vomiting

- EYES, EARS, NOSE & THROAT**
- Asthma
 - Colds
 - Deafness
 - Dental decay
 - Earache
 - Ear discharge
 - Ear noises
 - Enlarged glands
 - Enlarged thyroid
 - Eye pain
 - Failing vision
 - Far sightedness
 - Gum trouble
 - Hay fever
 - Hoarseness
 - Nasal obstruction
 - Near sightedness
 - Nosebleeds
 - Post nasal drip
 - Sinus trouble
 - Sore throat
 - Swollen upper eyelids
 - Tonsillitis
 - Yellow in whites of eyes

- RESPIRATORY**
- Chest pain
 - Chronic cough
 - Difficult breathing
 - Spitting up blood
 - Spitting up phlegm
 - Wheezing

- O F C CARDIO-VASCULAR**
- Exhaustion with minor exertion
 - Hardening of arteries
 - Heart pounds easily
 - High blood pressure
 - Low blood pressure
 - Muscle pain in calves or thighs when walking
 - Pain over heart
 - Poor circulation
 - Rapid heart beat
 - Slow heart beat
 - Swelling of ankles

- SKIN**
- Boils
 - Bruise easily
 - Dryness
 - Hives or allergy
 - Itching
 - Skin eruptions (rash)
 - Slow wound healing
 - Varicose veins

- GENTO-URINARY**
- Bed-wetting
 - Blood in urine
 - Can't hold urine
 - Frequent urination
 - Kidney infection or stones
 - Painful urination
 - Prostate trouble
 - Pus in urine
 - Rarely need to urinate
 - Strong smelling urine

- FOR WOMEN ONLY**
- Cramps or backache
 - Excessive menstrual flow
 - Hot flashes
 - Irregular cycle
 - Lumps in breast
 - Menopausal symptoms
 - Painful menstruation
 - Premenstrual:
 - Anxiety, easy to anger
 - Breast fullness, swelling
 - Depression, irritable, nervous
 - Food cravings
 - Water retention
 - Weepy, sad, hopeless
 - Vaginal discharge

