

Name/Date

MEDICAL SYMPTOM QUESTIONNAIRE

		<i>Never or almost never</i>	<i>Sometimes but not severe</i>	<i>Sometimes, and severe</i>	<i>Often but not severe</i>	<i>Often, severe</i>
HEAD	headaches					
	faintness					
	dizziness					
	insomnia					
EYES	watery or itchy					
	Swollen, red or sticky eyelids					
	Bags or dark circles under eyes					
	Blurred or tunnel vision					
EARS	Itchy ears					
	Earaches, ear infections					
	Drainage from ear					
	Ringling in ears, hearing loss					
NOSE	Stuffy nose					
	Sinus problems					
	Hay fever					
	Sneezing attacks					
MOUTH/THROAT	Excessive mucus formation					
	Chronic coughing					
	Gagging, frequent need to clear throat					
	Sore throat, hoarseness, loss of voice					
SKIN	Swollen or discolored tongue, gums, lips					
	Canker sores					
	Acne					
	Hives, rashes, dry skin					
HEART	Hair loss					
	Flushing, hot flashes					
	Excessive sweating					
	Irregular or skipped heartbeat					
LUNGS	Rapid or pounding heartbeat					
	Chest pain					
	Chest congestion					
	Asthma, bronchitis					
	Shortness of breath					
	Difficulty breathing					
		X0	x1	X2	X3	X4

Continued on reverse...

		<i>Never or almost never</i>	<i>Sometimes but not severe</i>	<i>Sometimes, effect severe</i>	<i>Often but not severe</i>	<i>Often, Effect severe</i>
DIGESTION	Nausea, vomiting					
	Diarrhea					
	Constipation					
	Bloated feeling					
	Belching, passing gas					
	Heartburn					
JOINTS/MUSCLES	Intestinal/stomach pain					
	Pain or aches in joints					
	Arthritis					
	Stiffness or limitation of movement					
WEIGHT	Pain or aches in muscles					
	Feeling of weakness or tiredness					
	Binge eating/drinking					
	Craving certain foods					
	Excessive weight					
	Compulsive eating					
ENERGY	Water retention					
	Underweight					
	Fatigue, sluggishness					
	Apathy, lethargy					
MIND	Hyperactivity					
	Restlessness					
	Poor memory					
	Confusion, poor comprehension					
	Poor concentration					
	Poor physical coordination					
EMOTIONS	Difficulty in making decisions					
	Stuttering or stammering					
	Slurred speech					
	Learning disabilities					
	Mood swings					
	Anxiety, fear, nervousness					
OTHER	Anger, irritability, aggressiveness					
	Depression					
	Frequent illness					
	Frequent or urgent urination					
	Genital itch or discharge					
		x0	X1	X2	X3	X4
Scores from reverse						
Sum						

