Print Form

Medical Symptoms Questionnaire

Name _____ **Date** _____

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 _____

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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 ☐

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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* ☐