



**Medical Symptoms Questionnaire**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Rate each of the following symptoms, using the below "Point Scale," for the *Past 30 days*.

*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

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
- \_\_\_\_\_ Bloating feeling
- \_\_\_\_\_ Belching, passing gas
- \_\_\_\_\_ Heartburn
- \_\_\_\_\_ Intestinal/stomach pain

Total \_\_\_\_\_

**JOINTS/MUSCLES**

- \_\_\_\_\_ Pain or aches in joints
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Stiffness or limitations of movements
- \_\_\_\_\_ 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 concentration
- \_\_\_\_\_ Poor physical coordination
- \_\_\_\_\_ Difficulty in making decisions
- \_\_\_\_\_ Stuttering or stammering
- \_\_\_\_\_ Slurred speech
- \_\_\_\_\_ Learning disability

Total \_\_\_\_\_

**EMOTIONS**

- \_\_\_\_\_ Mood swings
- \_\_\_\_\_ Anxiety, fear, nervous
- \_\_\_\_\_ Anger, irritability, aggressiveness
- \_\_\_\_\_ Depression

Total \_\_\_\_\_

**OTHER**

- \_\_\_\_\_ Frequent illness
- \_\_\_\_\_ Frequent or urgent urination
- \_\_\_\_\_ Genital itch or discharge

Total \_\_\_\_\_

**GRAND TOTAL=** \_\_\_\_\_