

## **Medical Symptoms Questionnaire**

Medical Symptoms Questionnaire	Date
Name:	
Rate each of the following symptoms based on your typical health p	rofile for the: ☐ Month ☐ Week ☐ 48 hours
0-Never 1- Occasionally – not severe 2-Occassionally – severe 3- Fre	equently– not severe 4 - Frequently– severe

Head	Headaches		Digestive Tract	Nausea, vomiting	
	Faintness			Diarrhea	
	Dizziness			Constipation	
	Insomnia	Total		Bloated feeling	
Eyes	Watery or itchy eyes			Belching, passing gas	
	Swollen, reddened or			Heartburn	
	sticky eyelids			Intestinal/Stomach pain	Total
	Bags or dark circles under eyes		Joints/Muscles	Pain or aches in joints	
	Blurred or Tunnel vision	Total		Arthritis	
Ears	Earaches, ear infection			Stiffness or limited range of motion	
	Itchy Ears			Weakness or tiredness	
	Earaches, ear infection			Pain or aches in muscles	
	Drainage from ear		Weight	Binge eating/drinking	
	Ringing in ears, hearing loss	Total		Craving certain foods	
Nose	Stuffy nose			Excessive weight	
	Sinus problems			Water retention	
	Hay fever			Underweight	
	Sneezing attacks			Compulsive eating	
	Excessive mucous formation	Total	Energy/Activity	Fatigue, sluggishness	
Mouth/	Chronic coughing		61 1	Apathy, lethargy	
Throat	Gagging, frequent need to			Hyperactivity	
	Clear throat			Restlessness	
	Sore throat, hoarseness, loss of voice		Mind	Poor memory	
	Swollen or discolored tongue, gums			Confusion, poor comprehension	
	lips			Difficulty in making decisions	
	Canker sores	Total		Stuttering or stammering	
Skin	Acne	1000		Slurred speech	
JKIII	Hives, rashes, dry skin			Learning disabilities	
	Hair loss			Poor concentration	
	Flushing, hot flashes			Poor physical coordination	
	Excessive sweating	Total	Emotions	Mood swings	
Heart	Chest pain	10141	2	Anxiety, fear, nervousness	
	Irregular or skipped heartbeat			Anger, , irritability, aggressiveness	
	Rapid or pounding heartbeat	Total		Depression	Total
Lungs	Chest congestion	. Juli	Other	Frequent illness	
	Asthma, bronchitis		o tile!	Frequent or urgent urination	
	Shortness of Breath			Genital itch or discharge	Total
	Difficulty breathing	Total		Seminal real of discharge	10141
	Dimenty breating	iotai			Grand
					Total
					Ισιαι