

# Medical Symptoms Questionnaire

Initials \_\_\_\_\_ Number # \_\_\_\_\_ Visit # \_\_\_\_\_ Date \_\_\_\_\_

Rate each of the following symptoms based on the last 48 hours:

<b>Point Scale</b>	0 <i>Never or almost never</i> have the symptom	3	3 <i>Frequently</i> have it, effect is <i>not severe</i>
	1 <i>Occasionally</i> have it, effect is <i>not severe</i>	4	4 <i>Frequently</i> have it, effect is <i>severe</i>
	2 <i>Occasionally</i> have it, effect is <i>severe</i>		

**HEAD** \_\_\_\_\_  
 \_\_\_\_\_ Headaches  
 \_\_\_\_\_ Faintness  
 \_\_\_\_\_ Dizziness  
 \_\_\_\_\_ Insomnia  
 \_\_\_\_\_ TOTAL

**EYES** \_\_\_\_\_  
 \_\_\_\_\_ Watery or itchy eyes  
 \_\_\_\_\_ Swollen, red 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, need to clear throat  
 \_\_\_\_\_ Sore throat, hoarse, loss of voice  
 \_\_\_\_\_ Swollen or discolored tongue,  
 gums or 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/  
 MUSCLE** \_\_\_\_\_  
 \_\_\_\_\_ Pain or aches in joints  
 \_\_\_\_\_ Arthritis  
 \_\_\_\_\_ Stiff or limitation of movement  
 \_\_\_\_\_ Pain or aches in muscles  
 \_\_\_\_\_ Feeling of weakness or tired  
 \_\_\_\_\_ 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, aggression  
 \_\_\_\_\_ Depression  
 \_\_\_\_\_ TOTAL

**OTHER** \_\_\_\_\_  
 \_\_\_\_\_ Frequent illness  
 \_\_\_\_\_ Frequent or urgent urination  
 \_\_\_\_\_ Genital itch or discharge  
 \_\_\_\_\_ TOTAL

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