

Medical Symptoms Questionnaire

Patient Name: _____ Date: _____

Rate each of the following symptoms based upon your typical health profile.

Point Scale

- 0- Never or almost never have the symptoms
- 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

EYES

- _____ Watery or itchy eyes
 - _____ Swollen, reddened or sticky eyelids
 - _____ Bags or dark circles under eyes
 - _____ Blurred or tunnel vision
- (Does not include near/far – sightedness)

EARS

- _____ Itchy ears
- _____ Earaches, ear infections
- _____ Drainage from ears
- _____ Ringing in ears
- _____ Hearing loss

NOSE

- _____ Stuffy nose
- _____ Sinus problems
- _____ Hay fever
- _____ Sneezing attacks
- _____ Excessive mucus formation

MOUTH/
THROAT

- _____ Chronic coughing
- _____ Gagging, frequent need to clear throat
- _____ Sore throat, hoarseness, loss of voice
- _____ Swollen or discolored tongue, gums, lips
- _____ Canker sores

SKIN

- _____ Acne
- _____ Hives, rashes, dry skin
- _____ Hair loss
- _____ Flushing, hot flashes
- _____ Excessive sweating

HEART

- _____ Irregular or skipped heartbeat
- _____ Rapid or pounding heartbeat
- _____ Chest pain

LUNGS

- _____ Chest congestion
- _____ Asthma, bronchitis
- _____ Shortness of breath
- _____ Difficulty breathing

DIGESTIVE
TRACT

- _____ Nausea, vomiting
- _____ Diarrhea
- _____ Constipation
- _____ Bloating feeling
- _____ Belching, passing gas
- _____ Heartburn
- _____ Intestinal/stomach pain

JOINTS/
MUSCLE

- _____ Pain or aches in joints
- _____ Arthritis
- _____ Stiffness or limitation of movement
- _____ Pain or aches in muscles
- _____ Feeling of weakness or tiredness

WEIGHT _____ Binge eating/drinking
 _____ Craving certain foods
 _____ Excessive weight
 _____ Compulsive eating
 _____ Water retention
 _____ Underweight

ENERGY/
ACTIVITY _____ Fatigue, sluggishness
 _____ Apathy, lethargy
 _____ Hyperactivity
 _____ Restlessness

MIND _____ Poor memory
 _____ Confusion, poor comprehension
 _____ Poor concentration
 _____ Poor physical coordination
 _____ Difficulty in making decisions
 _____ Stuttering or stammering
 _____ Slurred speech
 _____ Learning disabilities

EMOTIONS _____ Mood swings
 _____ Anxiety, fear, nervousness
 _____ Anger, irritability, aggressiveness
 _____ Depression

OTHER _____ Frequent illness
 _____ Frequent or urgent urination
 _____ Genital itch or discharge

Additional Information: _____

