

Medical Symptoms Questionnaire

Name: _____ Date: _____ MRN: _____

Rate each of the following symptoms based upon your typical health profile for the PAST WEEK

POINT SCALE

- 0 = *Never* or *almost never* have the symptom
1 = *Occasionally* have the symptom, effect is *not severe*
2 = *Occasionally* have the symptom, effect is *severe*
3 = *Frequently* have the symptom, effect is *not severe*
4 = *Frequently* have the symptom, 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 or far-sightedness)

EARS

- _____ Itchy ears
_____ Earaches, ear infections
_____ Drainage from ear
_____ 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

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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 itching or discharge