

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