MEDICAL SYMPTOMS QUESTIONNAIRE

Patient Name		Date
Using the point	scale, rate each of the following symptoms based upon your For the past 30 days:	our typical health profile
Point Scale:	0 – Never or almost never have the symptom	
	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	Total
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)	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, frequent need to clear throat	
	Sore throat, hoarseness, loss of voice	
	Swollen or discolored tongue, gums, 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
	N T	
DIGESTIVE TRACT	Nausea, vomiting	
	Diarrhea	
	Constipation	
	Bloated feeling	
	Belching, passing gas	
	Heartburn	
	Intestinal/ stomach pain	Total
JOINTS/ MUSCLES	Pain or aches in joints	
	Arthritis	
	Stiffness or limitation of movement	
	Pain or aches in muscles	
	Feeling of weakness or tiredness	Total
	D	
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	
EMOTIONS	Anxiety, fear, nervousness	
	Anger, irritability, aggressiveness	
	D .	Total
	Depression	Total
OTHER	Frequent illness	
	Frequent or urgent urination	
	Genital itch or discharge	Total

GRAND TOTAL _____