

Medical Weight Loss & Anti-Aging Center: Medical Symptom Questionnaire

NAME _____

DATE _____

Rate each of the following symptoms based upon your typical health

- 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*

GRAND TOTAL _____

HEAD

- ___ Headaches
- ___ Faintness
- ___ Dizziness
- ___ Insomnia

TOTAL

EYES

- ___ Watery or itchy
- ___ Swollen, reddened, or sticky
- ___ Bags or dark circles underneath
- ___ Blurred or tunnel vision

TOTAL

EARS

- ___ Itchy
- ___ Earaches, infections
- ___ Drainage
- ___ Ringing/Hearing Loss

TOTAL

NOSE

- ___ Stuffy
- ___ Sinus problems
- ___ Hay Fever
- ___ Sneezing attacks
- ___ Excessive mucous formation

TOTAL

MOUTH/THROAT

- ___ Chronic coughing
- ___ Gagging, throat clearing
- ___ Sore throat, hoarseness, voice loss
- ___ Swollen or discolored tongue, gums, lips
- ___ Canker sores

TOTAL

HEART

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

TOTAL

SKIN

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

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/MUSCLES

- ___ Pain or aches in joints
- ___ Arthritis
- ___ Stiffness or limitations of movement
- ___ Pain or aches in muscles
- ___ Feeling of weakness or tiredness

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
- ___ Stammering or stuttering
- ___ Slurred speech
- ___ Learning disabilities

TOTAL

EMOTIONS

- ___ Mood Swings
- ___ Anxiety, fear, nervousness
- ___ Anger, irritability, aggressiveness
- ___ Depression

TOTAL

OTHER

- ___ Frequent illness
- ___ Frequent or urgent urination
- ___ Genital itch or discharge

TOTAL

