Medical Symptoms Questionnaire

MyCatholicDoctor

PATIENT NAME _____ **DATE** _____

Rate each of the following symptoms based on your typical health profile for the last 14 days.

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 — Total 0

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

EYES — Total 0

- ___ 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 — Total 0

- ___ Itchy ears
- ___ Earaches, ear infections
- ___ Drainage from ear
- ___ Ringing in ears, hearing loss

NOSE — Total 0

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

MOUTH / THROAT — Total 0

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

SKIN — Total 0

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

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HEART — Total 0

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

LUNGS — Total 0

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

DIGESTIVE TRACT — Total 0

- ___ Nausea, vomiting
- ___ Diarrhea
- ___ Constipation
- ___ Bloated feeling
- ___ Belching, passing gas
- ___ Heartburn
- ___ Intestinal / stomach pain

JOINTS / MUSCLE — Total 0

- ___ Pains or aches in joints
- ___ Arthritis
- ___ Stiffness or limitation of movement
- ___ Pains or aches in muscles
- ___ Feeling of weakness or tiredness

WEIGHT — Total 0

- ___ Binge eating / drinking
- ___ Craving certain foods
- ___ Excessive weight gain or loss
- ___ Compulsive eating
- ___ Water retention
- ___ Underweight

ENERGY / ACTIVITY — Total 0

- ___ Fatigue, sluggishness
- ___ Apathy, lethargy
- ___ Hyperactivity
- ___ Restlessness

MIND — Total 0

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

EMOTIONS — Total 0

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

OTHER — Total 0

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

GRAND TOTAL 0