

TITLE: MEDICAL SYMPTOM QUESTIONNAIRE

REV. IL2015

NAME/ID:	 Collection Date	 Grand Total _	

Point Scale: Rate each of the following symptoms based upon your typical health profile for the past 30 days

0 = Never or almost never have the symptom	3 = Frequently have it, effect is not severe
1 = Occasionally have it, effect is not severe	4 = Frequently have it, effect is severe
2 = Occasionally have it, effect is severe	

DIGESTIVE TRACT Nausea, vomiting Binge eating/drinking Pain or aches in joints Arthritis Crawing certain foods Arthritis Arthritis Stiffness or limitation of Moderation Stiffness or limitation of Pain or aches in muscles Pain or aches in joints Arthritis Pain or aches in joints			
Nausea, vomiting Diarrhea Craving certain foods Arthritis Cronstipation Excessive weight Stiffness or limitation of Bloated feeling Compulsive eating movement Belching, passing gas Water retention Pain or aches in muscles Pecling of weakness or tiredness TOTAL TOT	DIGESTIVE TRACT	WEIGHT	JOINTS/MUSCLE
Diarrhea Constipation Excessive weight Compulsive eating Belching, passing gas Heartburn Intestinal/stomach pain TOTAL TOTAL HEART Iregular or skipped heartbeat Rapid or pounding heartbeat Chest pain TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL Chest pain TOTAL			
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Bloated feeling Belching, passing gas Water retention Pain or aches in muscles Heartburn Underweight Feeling of weakness or tiredness TOTAL TOTAL TOTAL TOTAL TOTAL LUNGS ENERGY/ACTIVITY Fatigue, sluggishness Ashma, bronchitis Apathy, lethargy Hyperactivity Difficulty breathing Restlessness TOTAL TOT			
Belching, passing gas			
Heartburn			
Intestinal/stomach pain TOTAL			
TOTAL			
HEART Irregular or skipped Chest congestion Fatigue, sliggishness Asthma, bronchitis Apathy, lethargy Rapid or pounding heartbeat Shortness of breath Hyperactivity Difficulty breathing Restlessness TOTAL		TOTAL	
Irregular or skipped			
heartbeat			
Rapid or pounding heartbeat Chest pain Difficulty breathing TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL Itchy ears Earaches, ear infections Cagging, frequent need to Clear throat Clear			
Chest pain TOTAL TOTAL TOTAL TOTAL TOTAL EARS Itchy ears Earaches, ear infections Drainage from ear Ringing in ears, hearing loss TOTAL TOTAL EARD Chronic coughing Gagging, frequent need to Clear throat Clear throat Clear throat Sore throat, hoarseness, loss of Soneezing attacks Excessive mucus Swollen or discolored tongue, gums, lips Canker sores TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL MIND HEAD HEAD HEAD HEAD Fyes Confusion, poor Confusion, poor Comprehension Dizziness Dizziness Insomnia Insomnia Bags or dark circles under eyes Difficulty in making decisions Slurred speech Learning disabilities TOTAL Fundamental planted or turnel vision (does not include near or far-sightedness) Surred speech Learning disabilities TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL SKIN Acne Mood swings Hives, rashes, dry skin Anxiety, fear, nervousness Anger, irritability, urination Hair loss Genital itch or discharge			
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Evangaina avantina			Genital itch or discharge
	Excessive sweating	Depression	
TOTAL TOTAL TOTAL	TOTAL	TOTAL	TOTAL

Health Key: Optimal: <10 Suboptimal: 10-50 Poor: 50-100 Extremely Poor: >100