



# Medical Symptom Questionnaire



Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Points

- 0 = Never or almost never have a 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

Rate each of the following symptoms using the above point scale based upon your typical health for the last 30 days (48 hours).

### Head

- \_\_\_ Headaches
- \_\_\_ Faintness
- \_\_\_ Dizziness

Total \_\_\_

### Eyes

- \_\_\_ Watery/Itchy Eyes
- \_\_\_ Swollen, Reddened/Sticky Eyelids
- \_\_\_ Bags/Dark Circles
- \_\_\_ Blurred/Tunnel Vision\*

*\*Does not include near or far-sightedness*

Total \_\_\_

### Ears

- \_\_\_ Itchy Ears
- \_\_\_ Earaches/Ear Infections
- \_\_\_ Drainage from Ear
- \_\_\_ Ringing/Hearing Loss

Total \_\_\_

### Cognition

- \_\_\_ Poor Memory
- \_\_\_ Poor Concentration
- \_\_\_ Poor Physical Concentration
- \_\_\_ Difficulty Making Decisions
- \_\_\_ Stuttering/Stammering
- \_\_\_ Slurred Speech
- \_\_\_ Learning Disabilities
- \_\_\_ Confusion/ Poor Comprehension

Total \_\_\_

### Nose

- \_\_\_ Stuffy Nose
- \_\_\_ Sinus Problems
- \_\_\_ Hay Fever
- \_\_\_ Sneezing Attacks
- \_\_\_ Excessive Mucous

Total \_\_\_

### Weight

- \_\_\_ Binge Eating/Drinking
- \_\_\_ Craving Certain Foods
- \_\_\_ Excessive Weight
- \_\_\_ Compulsive Eating
- \_\_\_ Water Retention
- \_\_\_ Underweight

Total \_\_\_

### Emotions

- \_\_\_ Mood Swings
- \_\_\_ Anxiety/Fear/Nervousness
- \_\_\_ Depression
- \_\_\_ Anger/Irritability/Aggressiveness

Total \_\_\_

### Skin

- \_\_\_ Acne
- \_\_\_ Hive/Rashes/Dry Skin
- \_\_\_ Hair Loss
- \_\_\_ Flushing/Hot Flashes
- \_\_\_ Excessive Sweating

Total \_\_\_

### Digestive Tract

- \_\_\_ Nausea/Vomiting
- \_\_\_ Diarrhea
- \_\_\_ Constipation
- \_\_\_ Bloating feeling
- \_\_\_ Belching/Passing Gas
- \_\_\_ Heartburn
- \_\_\_ Intestinal/Stomach Pain

Total \_\_\_

### Energy/Activity

- \_\_\_ Fatigue/Sluggish
- \_\_\_ Apathy/Lethargy
- \_\_\_ Hyperactivity
- \_\_\_ Restlessness

Total \_\_\_

### Joint/Muscle

- \_\_\_ Pain/Aches in Joints
- \_\_\_ Arthritis
- \_\_\_ Stiffness/Limitation of Moving
- \_\_\_ Pain/Aches in Muscles
- \_\_\_ Feeling of Weakness/Tiredness

Total \_\_\_

### Other

- \_\_\_ Frequent Illness
- \_\_\_ Genital Itch/Discharge
- \_\_\_ Frequent/Urgent Urination

**Grand Total** \_\_\_\_\_

## Scores

Optimal: <10 Mild Toxicity: 10-50 Moderate Toxicity: 50-100 Severe Toxicity: >100

*\*Form adapted from Dr. Mark Hyman and Cleveland Clinic's Medical Symptom Questionnaire form\**