FRONT AND BACK

MEDICAL SYMPTOMS QUESTIONNAIRE

Name ____________________________ **Date** ____________________

Rate each of the following symptoms based upon your typical health profile for: Past 48 Hrs

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

Score	Symptom
0	Headaches
0	Faintness
0	Dizziness
0	Insomnia

Total 0

EYES

Score	Symptom
0	Watery or itchy eyes
0	Swollen, reddened or sticky eyelids
0	Bags or dark circles under eyes
0	Blurred or tunnel vision (does not include near or far-sightedness)

Total 0

EARS

Score	Symptom
0	Itchy ears
0	Earaches, ear infections
0	Drainage from ear
0	Ringing in ears, hearing loss

Total 0

NOSE

Score	Symptom
0	Stuffy nose
0	Sinus problems
0	Hay fever
0	Sneezing attacks
0	Excessive mucus formation

Total 0

MOUTH/THROAT

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

Total 0

SKIN

Score	Symptom
0	Acne
0	Hives, rashes, dry skin
0	Hair loss
0	Flushing, hot flashes
0	Excessive sweating

Total 0

HEART

Score	Symptom
0	Irregular or skipped heartbeat
0	Rapid or pounding heartbeat
0	Chest pain

Total 0

Category	Score	Symptom	Total
LUNGS	0	Chest congestion	
	0	Asthma, bronchitis	
	0	Shortness of breath	
	0	Difficulty breathing	Total 0
DIGESTIVE TRACT	0	Nausea, vomiting	
	0	Diarrhea	
	0	Constipation	
	0	Bloated feeling	
	0	Belching, passing gas	
	0	Heartburn	
	0	Intestinal/stomach pain	Total 0
JOINTS/MUSCLE	0	Pain or aches in joints	
	0	Arthritis	
	0	Stiffness or limitation of movement	
	0	Pain or aches in muscles	
	0	Feeling of weakness or tiredness	Total 0
WEIGHT	0	Binge eating/drinking	
	0	Craving certain foods	
	0	Excessive weight	
	0	Compulsive eating	
	0	Water retention	
	0	Underweight	Total 0
ENERGY/ACTIVITY	0	Fatigue, sluggishness	
	0	Apathy, lethargy	
	0	Hyperactivity	
	0	Restlessness	Total 0
MIND	0	Poor memory	
	0	Confusion, poor comprehension	
	0	Poor concentration	
	0	Poor physical coordination	
	0	Difficulty in making decisions	
	0	Stuttering or stammering	
	0	Slurred speech	
	0	Learning disabilities	Total 0
EMOTIONS	0	Mood swings	
	0	Anxiety, fear, nervousness	
	0	Anger, irritability, aggressiveness	
	0	Depression	Total 0
OTHER	0	Frequent illness	
	0	Frequent or urgent urination	
	0	Genital itch or discharge	
			Total 0

GRAND TOTAL *TOTAL* 0

Information provided by The Institute for Functional Medicine. www.functionalmedicine.org