



## Health Symptoms Questionnaire

Rate each of the following symptoms based on the last week using the point scale below:

**0 Never or rarely 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**

### Digestive Tract

Nausea, vomiting \* 0 1 2 3 4

Diarrhea \* 0 1 2 3 4

Constipation \* 0 1 2 3 4

Bloated feeling \* 0 1 2 3 4

Heartburn \* 0 1 2 3 4

Intestinal, stomach pain \* 0 1 2 3 4

### Joints/Muscles

Pain or aches in joints \* 0 1 2 3 4

Arthritis, joint swelling \* 0 1 2 3 4

Stiff or limitation of movement \* 0 1 2 3 4

Pain or aches in muscles \* 0 1 2 3 4

Feeling of weakness or tired \* 0 1 2 3 4

### Emotional

Mood swings \* 0 1 2 3 4

Anxiety, fear, nervousness \* 0 1 2 3 4

Anger, irritability, aggression \* 0 1 2 3 4

Depression 0 1 2 3 4

### Weight/Food

Binge eating, drinking \* 0 1 2 3 4

Craving certain foods \* 0 1 2 3 4

Excessive weight \* 0 1 2 3 4



Compulsive eating, food addictions \* 0 1 2 3 4

Water retention \* 0 1 2 3 4

Underweight \* 0 1 2 3 4

### **Energy/Sleep**

Fatigue, sluggishness 0 1 2 3 4

Apathy, lethargy \* 0 1 2 3 4

Hyperactivity \* 0 1 2 3 4

Restlessness, achiness \* 0 1 2 3 4

Sleep disturbances \* 0 1 2 3 4

### **Skin**

Acne \* 0 1 2 3 4

Hives, rashes, dry skin, redness \* 0 1 2 3 4

Hair loss \* 0 1 2 3 4

Flushing, hot flashes \* 0 1 2 3 4

Excessive sweating \* 0 1 2 3 4

### **Heart**

Irregular or skipped heartbeat \* 0 1 2 3 4

Rapid or pounding heartbeat \* 0 1 2 3 4

Chest pain \* 0 1 2 3 4

### **Other**

Frequent illness \* 0 1 2 3 4

Frequent or urgent urination \* 0 1 2 3 4

Genital itch or discharge \* 0 1 2 3 4

### **Respiratory**

Chest congestion \* 0 1 2 3 4

Asthma, bronchitis \* 0 1 2 3 4

Shortness of breath \* 0 1 2 3 4

Difficulty breathing \* 0 1 2 3 4



## Eyes

Watery or itchy eyes \*  0  1  2  3  4

Swollen, red or sticky eyelids \*  0  1  2  3  4

Bags or dark circles under eyes \*  0  1  2  3  4

Blurred or restricted vision \*  0  1  2  3  4

## Nose

Stuffy nose \*  0  1  2  3  4

Sinus problems or dripping nose \*  0  1  2  3  4

Hay fever \*  0  1  2  3  4

Sneezing attacks \*  0  1  2  3  4

Excessive mucus \*  0  1  2  3  4

## Mouth/Throat

Frequent, consistent coughing \*  0  1  2  3  4

Gagging, need to clear throat \*  0  1  2  3  4

Sore throat, hoarse, loss of voice \*  0  1  2  3  4

Swollen or discolored tongue, gums or lips \*  0  1  2  3  4

Canker sores, other mouth sores \*  0  1  2  3  4

## Ears

Itchy ears \*  0  1  2  3  4

Earaches, ear infections \*  0  1  2  3  4

Drainage from ear, waxy buildup \*  0  1  2  3  4

Ringing in ears, hearing loss \*  0  1  2  3  4

## Head

Headaches \*  0  1  2  3  4

Faintness or lightheadedness \*  0  1  2  3  4

Dizziness \*  0  1  2  3  4

## Cognitive

Poor memory, recall \*  0  1  2  3  4



- Confusion, poor comprehension \*  0  1  2  3  4
- Poor concentration \*  0  1  2  3  4
- Poor physical coordination \*  0  1  2  3  4
- Difficulty making decisions \*  0  1  2  3  4
- Stuttering, stammering \*  0  1  2  3  4
- Slurred speech \*  0  1  2  3  4
- Learning disabilities \*  0  1  2  3  4