



# Arthritis Health

## Comprehensive Care

Rheumatology • Naturopathy • Acupuncture • Yoga Therapy

### Medical Symptoms Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Rate symptoms based upon your health for:

Past 30 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

- Sum each subsection and put in box

**HEAD** \_\_\_\_\_ Headaches  
 \_\_\_\_\_ Faintness  
 \_\_\_\_\_ Dizziness  
 \_\_\_\_\_ Insomnia

**EYES** \_\_\_\_\_ Watery or itchy eyes  
 \_\_\_\_\_ Swollen, reddened, or sticky eyelids  
 \_\_\_\_\_ Bags or dark circles under eyes  
 \_\_\_\_\_ Blurred or tunnel vision

**EARS** \_\_\_\_\_ Itchy ears  
 \_\_\_\_\_ Earaches or ear infections  
 \_\_\_\_\_ Drainage from ear  
 \_\_\_\_\_ Ringing in ears or hearing loss

**NOSE** \_\_\_\_\_ Stuffy nose  
 \_\_\_\_\_ Sinus problems  
 \_\_\_\_\_ Hay fever  
 \_\_\_\_\_ Sneezing attacks  
 \_\_\_\_\_ Excessive mucus formation

**MOUTH/THROAT**  
 \_\_\_\_\_ Chronic coughing  
 \_\_\_\_\_ Gagging or need to clear throat  
 \_\_\_\_\_ Sore throat, hoarseness, or loose voice  
 \_\_\_\_\_ Swollen/discolored tongue, gums, lips  
 \_\_\_\_\_ Canker sores

**ENERGY/ACTIVITY**  
 \_\_\_\_\_ Fatigue or sluggishness  
 \_\_\_\_\_ Apathy or lethargy  
 \_\_\_\_\_ Hyperactivity  
 \_\_\_\_\_ Restlessness

**HEART** \_\_\_\_\_ Irregular or skipped heartbeat  
 \_\_\_\_\_ Rapid or pounding heartbeat  
 \_\_\_\_\_ Chest pain

**LUNGS**  
 \_\_\_\_\_ Chest congestion  
 \_\_\_\_\_ Asthma or bronchitis  
 \_\_\_\_\_ Shortness of breath  
 \_\_\_\_\_ Difficulty breathing

#### DIGESTIVE TRACT

\_\_\_\_\_ Nausea or vomiting  
 \_\_\_\_\_ Diarrhea  
 \_\_\_\_\_ Constipation  
 \_\_\_\_\_ Bloating feeling  
 \_\_\_\_\_ Belching or passing gas  
 \_\_\_\_\_ Heartburn  
 \_\_\_\_\_ Intestinal/stomach pain

#### JOINTS/MUSCLE

\_\_\_\_\_ Pain or aches in joints  
 \_\_\_\_\_ Arthritis  
 \_\_\_\_\_ Stiffness or limitation of movement  
 \_\_\_\_\_ Pain or aches in muscles  
 \_\_\_\_\_ Feeling of weakness or tiredness

#### WEIGHT

\_\_\_\_\_ Binge eating/drinking  
 \_\_\_\_\_ Craving certain foods  
 \_\_\_\_\_ Excessive weight  
 \_\_\_\_\_ Compulsive eating  
 \_\_\_\_\_ Water retention  
 \_\_\_\_\_ Underweight

#### SKIN

\_\_\_\_\_ Acne  
 \_\_\_\_\_ Hives, rashes, or dry skin  
 \_\_\_\_\_ Flushing or hot flashes  
 \_\_\_\_\_ Restlessness  
 \_\_\_\_\_ Excessive sweating

#### MIND

\_\_\_\_\_ Poor memory  
 \_\_\_\_\_ Confusion or poor comprehension  
 \_\_\_\_\_ Poor Concentration  
 \_\_\_\_\_ Poor physical coordination  
 \_\_\_\_\_ Difficulty in making decisions  
 \_\_\_\_\_ Stuttering or stammering  
 \_\_\_\_\_ Slurred speech  
 \_\_\_\_\_ Learning disabilities

#### EMOTIONS

\_\_\_\_\_ Mood swings  
 \_\_\_\_\_ Anxiety, fear, or nervousness  
 \_\_\_\_\_ Anger, irritability, or aggressiveness  
 \_\_\_\_\_ Depression

#### OTHER

\_\_\_\_\_ Frequent illness  
 \_\_\_\_\_ Frequent or urgent urination  
 \_\_\_\_\_ Genital itch or discharge

### GRAND TOTAL