

# Health Assessment: Medical Symptom Questionnaire

**Instructions:** For each symptom, select the frequency and severity that you experience this particular symptom and give yourself a score. Then tally up the total score for each body system. Use the following scoring system:

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

Symptom	Headache	Faintness	Dizziness	Insomnia
Score				

Your total score for head symptoms: \_\_\_\_\_

## EYES

Symptom	Watery/Itchy Eyes	Swollen, red or sticky eyelids	Bags or dark circles under eyes	Blurred or tunnel vision-does not include near or far-sightedness
Score				

Your total score for eye symptoms: \_\_\_\_\_

## EARS

Symptom	Itchy ears	Ear aches	Ear infections	Drainage from ear
Score				
Symptom	Ringing in ears	Hearing loss		
Score				

Your total score for ear symptoms: \_\_\_\_\_



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## NOSE

<b>Symptom</b>	<b>Stuffy nose</b>	<b>Sinus problems</b>	<b>Hay fever</b>	<b>Sneezing attacks</b>
<b>Score</b>				
<b>Symptom</b>	<b>Excessive mucus formation</b>			
<b>Score</b>				

Your total score for nose symptoms: \_\_\_\_\_

## MOUTH/THROAT

<b>Symptom</b>	<b>Chronic coughing</b>	<b>Gagging</b>	<b>Frequent throat clearing</b>	<b>Sore throat</b>
<b>Score</b>				
<b>Symptom</b>	<b>Hoarseness</b>	<b>Loss of voice</b>	<b>Canker sores</b>	<b>Swollen or discolored tongue, gums or lips</b>
<b>Score</b>				

Your total score for mouth/throat symptoms: \_\_\_\_\_

## SKIN

<b>Symptom</b>	<b>Hives or Urticaria</b>	<b>Acne</b>	<b>Rashes</b>	<b>Dry skin</b>
<b>Score</b>				
<b>Symptom</b>	<b>Hair loss</b>	<b>Flushing</b>	<b>Hot flashes</b>	<b>Excessive sweating</b>
<b>Score</b>				

Your total score for skin symptoms: \_\_\_\_\_



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## HEART

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

Your total score for heart symptoms: \_\_\_\_\_

## LUNGS

Symptom	Chest congestion	Asthma	Bronchitis	Shortness of breath	Difficulty breathing
Score					

Your total score for lung symptoms: \_\_\_\_\_

## DIGESTIVE TRACT

Symptom	Nausea or Vomiting	Diarrhea	Constipation	Bloated feeling
Score				
Symptom	Belching	Passing gas	Intestinal or stomach pain	Heart burn
Score				

Your total score for digestive tract symptoms: \_\_\_\_\_



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## JOINTS/MUSCLE

Symptom	Pain or aches in joints	Arthritis	Stiffness or limitation of movement	Pain or aches in muscles	Feeling of weakness or tiredness
Score					

Your total score for joint/muscle symptoms: \_\_\_\_\_

## WEIGHT

Symptom	Binge eating or drinking	Craving certain foods	Excessive weight	Compulsive eating
Score				
Symptom	Water retention	Underweight		
Score				

Your total score for weight symptoms: \_\_\_\_\_

## ENERGY

Symptom	Fatigue	Sluggishness	Apathy	Lethargy
Score				
Symptom	Hyperactivity	Restlessness		
Score				

Your total score for energy symptoms: \_\_\_\_\_



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## MIND

<b>Symptom</b>	Poor memory	Confusion	Poor comprehension	Poor concentration
<b>Score</b>				
<b>Symptom</b>	Poor physical coordination	Difficulty in making decisions	Stuttering or stammering	Slurred speech
<b>Score</b>				

Your total score for mind symptoms: \_\_\_\_\_

## EMOTIONS

<b>Symptom</b>	Mood swings	Anxiety	Fear	Nervousness
<b>Score</b>				
<b>Symptom</b>	Anger	Irritability	Aggressiveness	Depression
<b>Score</b>				

Your total score for emotional symptoms: \_\_\_\_\_

## OTHER

<b>Symptom</b>	Frequent illness	Frequent or urgent urination	Genital itch or discharge
<b>Score</b>			

Your total score for other symptoms: \_\_\_\_\_



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**Finally, now that you have a score for each body system, tally up all body system scores for an overall health score.**

**What did you find?**

If your score is below 20, you're in overall decent shape, though you should discuss with your health professional any body systems that have a score higher than 5.

If your score is above 20, you should see your health professional about your situation.

Questions, comments, concerns? Contact us to schedule a call with my team and I to see if and how we can help you get better.

**Call or Email to Schedule an Appointment:**

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