

# OPTIMAL HEALTH MEDICAL CENTER

750 George Washington Way, Suite 5  
Richland, WA 99354

## MEDICAL SYMPTOMS QUESTIONNAIRE

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

Rate each of the following symptoms based upon your typical health profile for:  Past 30 Days  Past 48 Hours

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

\_\_\_\_\_ Headaches  
\_\_\_\_\_ Faintness  
\_\_\_\_\_ Dizziness  
\_\_\_\_\_ Insomnia                      Total \_\_\_\_\_

### EYES

\_\_\_\_\_ Swollen, reddened or sticky eyelids  
\_\_\_\_\_ Bags or dark circles under eyes  
\_\_\_\_\_ Blurred or tunnel vision (*not including near or far-sightedness*)  
\_\_\_\_\_ Watery or itchy eyes              Total \_\_\_\_\_

### EARS

\_\_\_\_\_ Earaches, ear infections  
\_\_\_\_\_ Drainage from ear  
\_\_\_\_\_ Ringing in ears, hearing loss  
\_\_\_\_\_ Itchy ears                      Total \_\_\_\_\_

### MOUTH/THROAT

\_\_\_\_\_ Chronic coughing  
\_\_\_\_\_ Gagging, frequent need to clear throat  
\_\_\_\_\_ Sore throat, hoarseness, loss of voice  
\_\_\_\_\_ Swollen or discolored tongue, gums, lips  
\_\_\_\_\_ Canker sores                      Total \_\_\_\_\_

### SKIN

\_\_\_\_\_ Hives, rashes, dry skin  
\_\_\_\_\_ Hair loss  
\_\_\_\_\_ Flushing, hot flashes  
\_\_\_\_\_ Excessive Sweating  
\_\_\_\_\_ Acne                      Total \_\_\_\_\_

### HEART

\_\_\_\_\_ Irregular or skipped heartbeat  
\_\_\_\_\_ Rapid or pounding heartbeat  
\_\_\_\_\_ Chest pain                      Total \_\_\_\_\_

### LUNGS

\_\_\_\_\_ Chest congestion  
\_\_\_\_\_ Asthma, bronchitis  
\_\_\_\_\_ Shortness of breath  
\_\_\_\_\_ Difficulty breathing              Total \_\_\_\_\_

### ENERGY/ACTIVITY

\_\_\_\_\_ Fatigue, sluggishness  
\_\_\_\_\_ Apathy, lethargy  
\_\_\_\_\_ Hyperactivity  
\_\_\_\_\_ Restlessness                      Total \_\_\_\_\_

### DIGESTIVE TRACT

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

### JOINTS/MUSCLE

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

### WEIGHT

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

### MIND

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

### EMOTIONS

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

### OTHER

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

**GRAND TOTAL:** \_\_\_\_\_