



## 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	Ringings in ears	Hearing loss		
Score				

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

## NOSE

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

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

## MOUTH/THROAT

Symptom	Chronic coughing	Gagging	Frequent throat clearing	Sore throat
Score				
Symptom	Hoarseness	Loss of voice	Canker sores	Swollen or discoloured tongue, gums or lips
Score				

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

## SKIN

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

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



#### 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	Heartburn
Score				

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

#### 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: \_\_\_\_\_

### MIND

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

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



#### EMOTIONS

Symptom	Mood swings	Anxiety	Fear	Nervousness
Score				
Symptom	Anger	Irritability	Aggression	Depression
Score				

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

#### OTHER

Symptom	Frequent illness	Frequent or urgent urination	Genital itch or discharge
Score			

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

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

What did you find?

If you 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 3.

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

Questions, comments, concerns? Click [here](#) to schedule a call with my team to see if and how we can help you get better.