



MEDICAL SYMPTOMS QUESTIONNAIRE

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Patient's Name:

Date:

Week:

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

TOTAL

	Past 30 days	Past 48 hours	TOTAL
HEAD	Headaches	Dizziness	_____
	Faintness	Insomnia	
EYES	Watery or itchy eyes	Bags or dark circles under eyes	_____
	Swollen, reddened or sticky eyelids	Blurred or tunnel vision <i>(does not include near- or far-sightedness)</i>	
EARS	Itchy ears	Drainage from ear	_____
	Earaches, ear infections	Ringing in ears, hearing loss	
NOSE	Stuffy nose	Sneezing attacks	_____
	Sinus problems	Excessive mucus formation	
	Hay fever		
MOUTH/THROAT	Chronic coughing	Swollen or discolored tongue, gums, lips	_____
	Gagging, frequent need to clear throat	Canker sores	
	Sore throat, hoarseness, loss of voice		
SKIN	Acne	Flushing, hot flashes	_____
	Hives, rashes, dry skin	Excessive sweating	
	Hair loss		
HEART	Irregular or skipped heartbeat	Chest pain	_____
	Rapid or pounding heartbeat		
CHEST	Chest congestion	Shortness of breath	_____
	Asthma, bronchitis	Difficulty breathing	

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			TOTAL
DIGESTIVE TRACT	Nausea, vomiting	Belching, passing gas	_____
	Diarrhea	Heartburn	
	Constipation	Intestinal/stomach pain	
	Bloated feeling		
MUSCLE	Pain or aches in joints	Pain or aches in muscles	_____
	Arthritis	Feeling of weakness or tiredness	
	Stiffness or limitation of movement		
WEIGHT	Binge eating/drinking	Compulsive eating	_____
	Craving certain foods	Water retention	
	Excessive weight	Underweight	
ENERGY/ACTIVITY	Fatigue, sluggishness	Hyperactivity	_____
	Apathy, lethargy	Restlessness	
MIND	Poor memory	Difficulty in making decisions	_____
	Confusion, poor comprehension	Stuttering or stammering	
	Poor concentration	Slurred speech	
	Poor physical coordination	Learning disabilities	
EMOTIONS	Mood swings	Anger, irritability, aggressiveness	_____
	Anxiety, fear, nervousness	Depression	
OTHER	Frequent illness	General itching or discharge	_____
	Frequent or urgent urination		

GRAND TOTAL: _____