# Multi Symptom Questionnaire

**General**
- Feeling unwell
- Lack of energy or sluggishness
- Weakness
- Fatigue
- Unexplained fever
- Recent or recurrence of illness
- Excessive weight gain
- Excessive weight loss
- Worse in hot conditions
- Worse in cold conditions
- Worse in damp conditions

**Eyes**
- Wearing glasses or contact lenses
- Specks or floaters
- Flashing lights
- Blurred or double vision
- Narrowed visual field or tunnel vision
- Watery or itchy eyes
- Swollen, reddened or sticky eyelids
- Eye pain
- Discharge
- Bags or dark circles under eyes

**Ears**
- Hearing loss or blocked ears
- Earaches
- Ear infections
- Discharge
- Tinnitus (ringing or buzzing in the ears)
- Itchy ears

**Nose**
- Frequent colds
- Stuffy nose or nasal discharge
- Sinus infections or sinus congestion
- Hayfever or sneezing attacks
- Post-nasal drip or excessive mucus
- Nosebleeds
- Loss of smell

**Mouth and throat**
- Sore throat
- Hoarseness
- Loss of voice
- Tonsillitis
- Gagging or difficulty swallowing
- Loss of taste or smell
- Chronic coughing or clearing of throat
- Dry mouth
- Swollen, sore or discoloured tongue
- Cold sores
- Sore or cracked lips
- Bleeding gums
- Receding gums
- Mouth ulcers
- Infected teeth or abscesses
- Missing teeth
- Unattended cavities
- Mercury fillings
- Root canal fillings
- Dentures

**Cardiovascular (heart and blood)**
- Rapid/racing or pounding heart beat
- Irregular or skipped heart beat
- High blood pressure
- Low blood pressure
- High cholesterol
- Chest pains
- Angina
- Anaemia
- Cold hands and feet
- Swollen ankles (oedema)
- Blueness of skin
- Bruising easily
- Bleeding easily
- Blood clots
- Leg or calf pain or tenderness
- Varicose veins
- Deep vein thrombosis (DVT)
Respiratory (lungs)
- Chest pain or tightness
- Chest congestion or productive cough
- Dry or hacking cough
- Coughing up blood
- Shortness of breath or difficulty breathing
- Wheezing or asthma
- Excessive expectoration (sputum/mucus)
- Recurrent or chronic bronchitis
- Pneumonia
- Emphysema

Gastrointestinal (digestion)
- Changes in appetite
- Heartburn – episodic or recurrent
- Reflux
- Indigestion
- Difficulty swallowing
- Episodic nausea or vomiting
- Binge eating/drinking or compulsive eating
- Bad breath
- Coated tongue
- Belching or burping
- Bloating – episodic or recurrent
- Flatulence or passing gas
- Fullness after meals
- Food cravings (please list):
- Abdominal pain, cramps or discomfort
- Intolerant of fatty foods
- Use of antacids or proton pump inhibitors
- Constipation
- Incomplete emptying
- Diarrhoea
- Change in bowel habits
- Ulcers
- Jaundice
- Pale/yellow stools
- Mucus in stools
- Black or tarry stools
- Haemorrhoids
- Rectal bleeding
- Rectal/anal fissures
- Anal itching

Musculo-skeletal (joints & muscles)
- Joint pain, aches or soreness
- Joint stiffness or limitation of movement
- Joint swelling
- Muscle aches or pains
- Muscle cramps or spasms
- Muscle weakness or heaviness
- Loss of muscle bulk
- Bone pain or feeling of bruising
- Bad posture
- Back pain
- Broken bones
- Injuries
- Deformities
- Numbness or tingling

Genito-urinary (kidneys & genitalia)
- Frequent or urgent urination
- Urination at night
- Pain on urination
- Blood in urine
- Incontinence
- Incomplete emptying
- Urinary tract infections (UTIs) or cystitis
- Dark coloured urine
- Foul smelling urine
- Loss of libido
- Infertility
- Genital itch
- Genital discharge
- Genital warts
- Genital sores or abscesses
- Sexually transmitted disease (please list):
- Men
  - Prostate problems
  - Hesitant flow
  - Diminished flow
  - Dribbling
  - Pain in testicles
  - Swollen testicles
  - Inability to achieve erection
  - Inability to maintain erection
  - Pain during intercourse

Date of last prostate exam? ..........................
Women

- Pain during menstruation
- Heavy menstrual flow
- Scanty menstrual flow
- Irregular menses
- Absence of menstruation
- Bleeding between periods
- Hot flushes
- Night sweats
- Breast tenderness or soreness
- Lumps or cysts in the breast
- Premenstrual syndrome (PMS)
- Pain during intercourse
- Oral contraceptive pill use
- Intra-uterine device (IUD) use
- Hormone replacement therapy (HRT) use

Yes  No

Pregnancies (how many?)  
Miscarriage (how many?)  
Terminations (how many?)  
Caesarean (how many?)  
Hysterectomy
Polycystic ovarian syndrome
Ovarian cysts
Uterine fibroids
Endometriosis
If menopausal or perimenopausal?

Yes  No  

Please list symptoms and concerns: ..................................................
Date of last PAP smear?  ..........................................................

If still menstruating:
Age of onset of first menses?  ...............................................
Periods last ..........days and occur every ..........days
Date of last period?  ..........................................................
Bleeding is.......... heavy........... moderate.......... light

Endocrine

- Excessive thirst
- Excessive hunger
- Needing meals on time
- Excessive sweating
- Feeling sluggish
- Dizziness on rising
- Hyperactivity or restlessness
- Extreme emotional lability
- Fine tremors

Yes  No

Neurological (brain, nerves and cognition)

- Dizziness or vertigo
- Fainting or blackouts
- Abnormal involuntary movements or tremors
- Numbness or loss of sensation
- Tingling/crawling sensation
- Pins and needles
- Shooting or radiating pain
- Facial twitching
- Weakness or heaviness of a limb
- Restless or fidgety legs
- Sensitivity to light
- Sensitivity to noise
- Unsteady gait or loss of balance
- Headaches
- Migraines
- Seizures or fits
- Paralysis
- Speech problems
- Poor memory
- Poor concentration
- Poor comprehension/confusion or mental fog

Emotions and feelings

- Mood swings
- Depression
- Anxiety
- Nervousness
- Excessive worry
- Fear
- Anger or aggressiveness
- Feeling overwhelmed or unable to cope
- Suicidal thoughts
- Lack of self esteem
- Irritability
- Recurring thoughts
- Other (please list):  ..........................................................

Sleep

- Difficulty falling asleep
- Difficulty staying asleep
- Unrefreshed sleep or tired on waking
- Unable to remember dreams
- Nightmares or disturbing dreams
- Snoring
Skin
- Rash
- Lumps
- Sores
- Eczema or dermatitis
- Acne
- Psoriasis
- Itching
- Dryness
- Colour or texture change of spots
- Mottling, blotching or pigmentation
- Lack of elasticity
- Tinea or ringworm
- Warts

Hair
- Falling out
- Breaking/splitting
- Oily
- Dry
- Lustreless
- Excessive hair growth

Nails
- Soft
- Brittle
- Splitting

Immunity
- Frequent colds
- Frequent influenza
- Frequent infections
- Slow wound healing
- Viral infections
  - Ross River
  - Barmah Forest
  - Cytomegalovirus
  - Epstein-Barr (Glandular fever)
- Swollen lymph nodes
  - Neck
  - Under arms
  - In groin
- Allergies general
  - Hayfever
  - Hives
  - Eczema

Allergies to environment
- Pollen
- House dust
- Dust mite
- Animal fur/feathers
- Other

Food allergies/sensitivities/intolerances
- Dairy
- Wheat/gluten
- Fish
- Shellfish
- Eggs
- Pork
- Chicken
- Citrus
- Other fruit
- Vegetables
- Nuts (tree)
- Peanuts
- Soy
- Caffeine-containing food or drinks
- MSG

Allergies to drugs (please list)

Specific allergies/sensitivities/intolerances not listed above:

Toxin exposure
- Paint/paint fumes
- Agricultural chemicals (eg. insecticides, herbicides)
- Laboratory chemicals (esp. organic solvents)
- Petrol fumes
- Cigarette smoke
- Corrosive agents
- Gas
- Metals
- Other (please list):
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<td>Hepatitis</td>
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<td>Liver damage or fatty liver disease</td>
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<td>Nervous breakdown</td>
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