SYMPTOM QUESTIONNAIRE

Name	Date
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SYMPTOM	First visit √			
Fatigue: excess need for rest, waking unrefreshed				
General weakness of muscles				
Lethargy: inability to get started				
Migraine				
Other types of headache				
Sensation of pressure inside skull				
Face-ache				
Numbness or tingling				
Hyperactivity				
Restless or fidgety arms or legs				
Ringing or whistling in ears				
Pounding heartbeat				
Racing or fluttering pulse				
Flu-like feeling but not actual flu				
Abrupt changes of state from well to unwell				
Generally unwell most of the time				
Sudden chills				
Sudden "hots"				
Can't get to sleep				
Can't stay asleep				
Noises are too loud				
Lights are too bright				
Perfumes are too strong-smelling				
Bizarre shapes and/or colours in field of vision				
Mouth ulcers				
Sore throats				
Heartburn or indigestion				
Abdominal pains of any kind				
Vomiting				
Bloating or discomfort after food				
Colic, bowel cramps				
Passing excessive flatus (wind)				
Irritable bowel				
Looseness or frequency of bowel				
Urgency or incontinence of bowel				
Constipation				
Itch around back passage				
Urgent need to pass water or incontinence				
How often bowels open? (per day/week/month)				
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Itch in or around vagina				
Vaginal discharge				
Vulvodynia (pain around or in vagina)				
Frequent cystitis				
Excessively painful periods	1			
Excessively heavy periods	1			
Bleeding between periods	1			
Irregular periods				
Premenstrual tension	+			
Painful, hard, swollen or leaking breasts	+			
Rheumatism	1		I	l

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Arthritis			
Spondylosis or spondylitis			
Aching muscles			
Stiffness			
Acute wry neck ("trapped nerves")			
Backache			
Painful skin patches			
Hurt all over; can't stand cuddles			
Involuntary flickering of muscles			
Muscle cramps			
Painful intercourse (males or females)			
Sneezing			
Itchy eyes and/or nose and/or ears			
Watery or runny nose or eyes			
Blocked nose			
Thick mucus at back of nose or throat			
Blocked or painful sinuses			
Mouth breathing			
Inability to breathe while asleep			
"Tonsils and adenoids"			
"Glue ears"			
Recurrent ear infections			
Fluctuating deafness			
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Asthma, wheezing			
Cough			
Difficulty in taking satisfyingly deep breaths			
Chest pains			
Swollen tender glands			
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PLEASE ALSO FILL IN BELOW

And other a wardeness and account the supplier
Any other symptoms not covered by the questionnaire
All medications you are taking (including oral contraceptives, herbals and supplements)
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Have you taken steroids within the last six months?
Made diagnosis and diagnosis because here with the last six months:
What diagnosis or diagnoses have you been given?
Names and contact details of any specialists you have seen in last two years
Trained and defined a dry openiance year nave door in last the years
Any 'foreign bodies' such as artificial joints, orthopaedic pins, pacemakers, silicone implants,
tattoos, piercings etc
attoos, picromys etc

Have you ever taken "broad spectrum antibiotics"?
Have you taken tetracycline or other broad spectrum antibiotics for one month or longer?
Are your symptoms worse on damp, muggy days or in mouldy places?
Do you have a feeling of being "drained" (never/occasional or mild/frequent or moderately/severe)?
Are you bothered by burning, itching or watering of the eyes?
Are you bothered by vaginal burning, itching or discharge (or similar of penis)?
Do you crave sugar?

Add any extra relevant information here in your own words