General

- ☐ Appetite Loss
- ☐ Chills
- ☐ Dizziness
- ☐ Fainting
- ☐ Fever
- ☐ Forgetfulness
- ☐ Headaches
- ☐ Low Energy
- ☐ Nervousness
- ☐ Numbness
- ☐ Sleep Loss
- ☐ Sweats
- ☐ Weight Gain
- ☐ Weight Loss

Eyes

- ☐ Blurred Vision
- ☐ Cataracts
- ☐ Crusting/Drainage
- ☐ Excessive Dryness
- ☐ Eye Injury
- ☐ Eye Pain
- ☐ Glaucoma
- ☐ Itching
- ☐ Lack of Tears
- ☐ Loss of Vision
- ☐ Spots
- ☐ Watery Eyes

Ears-Nose-Throat

- ☐ Bleeding Gums
- ☐ Difficulty Swallowing
- ☐ Earache
- ☐ Ear Discharge
- ☐ Face Pain
- ☐ Frequent Colds
- ☐ Hay Fever
- ☐ Hearing Loss
- ☐ Hoarseness
- ☐ Loud Snoring
- ☐ Mouth Sores
- ☐ Nasal Drainage
- ☐ Nosebleeds
- ☐ Persistent Cough
- ☐ Postnasal Drip
- ☐ Ringing in Ears
- ☐ Sinus Problems
- ☐ Sleep Apnea
- ☐ Sore Throat

Heart

- ☐ Abnormal Cholesterol
- ☐ Abnormally Slow Heartbeat
- ☐ Abnormally Rapid Heartbeat
- ☐ Blackouts or Woozy Feeling
- ☐ Blood Clots in Legs
- ☐ Chest Pain
- ☐ Chest Pressure When Walking
- ☐ Congenital Heart Defect
- ☐ Fuid Retention
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ High Blood Pressure
- ☐ History of Rheumatic Fever
- ☐ Irregular Heart Beat
- ☐ Leg Pain at Rest
- ☐ Leg Pain Walking
- ☐ Low Blood Pressure
- ☐ Pacemaker
- ☐ Painful Breathing
- ☐ Pain in Legs w/ Walking
- ☐ Palpitations
- ☐ Phlebitis
- ☐ Poor Circulation
- ☐ Shortness of Breath
- ☐ Skipped Heartbeats
- ☐ Swelling of the Ankles
- ☐ Varicose Veins

Lungs / Respiratory

- ☐ Asthma
- ☐ Chronic Bronchitis
- ☐ Chronic Cough
- Cough up Sputum
- ☐ Emphysema
- ☐ Exposure to TB
- ☐ Frequent Cough
- ☐ Hoarseness
- ☐ Pneumonia
- ☐ Shortness of Breath
- ☐ Wheezing

Urinary

- ☐ Bladder Infections
- ☐ Blood in Urine
- ☐ Frequent Urination
- ☐ Hesitancy
- ☐ Kidney Infections
- ☐ Kidney Stones
- ☐ Lack of Control
- ☐ Painful Urination
- ☐ Pus Discharge
- ☐ Urination at night
- ☐ Urinary Discharge
- ☐ Wet Your Pants
- ☐ Wet the Bed

Stomach / GI

- ☐ Abdominal Pain
- ☐ Acid Reflux
- ☐ Poor Appetite
- ☐ Black or Blood Stools
- ☐ Bloating
- ☐ Bowel Changes
- ☐ Constipation
- ☐ Cramping
- ☐ Diarrhea
- ☐ Excessive Hunger
- ☐ Excessive Thirst
- ☐ Gas
- ☐ Heartburn
- ☐ Hemorrhoids
- ☐ Indigestion
- ☐ Irritable Bowel Syndrome
- ☐ Jaundice
- ☐ Lack of Bowel Control
- ☐ Loose Stools
- ☐ Nausea
- ☐ Rectal Bleeding
- ☐ Regurgitation
- ☐ Stomach Pain
- ☐ Trouble Swallowing
- ☐ Unusual Stool Color
- ☐ Vomiting Blood

Skin

- ☐ Bruise Easily
- ☐ Boils
- ☐ Change in Moles
- ☐ Eczema
- ☐ Hair Problems
- ☐ Hives
- ☐ History of Cancer
- ☐ Itching
- ☐ Nail Problems
- ☐ Psoriasis
- ☐ Rash
- ☐ Scars
- ☐ Sores that won't Heal

Endocrine

- ☐ Dry Skin
- ☐ Excessive Thirst
- ☐ Excessive Hunger
- ☐ Flushing
- ☐ Hormonal Problems
- ☐ Goiter
- ☐ Neck Swelling
- ☐ Tremor
- ☐ Weight Gain

Blood

- ☐ Abnormal Blood Count
- ☐ Anemia
- ☐ Bleeding Tendency
- ☐ Blood Transfusion
- ☐ Cold Fingers and Toes
- ☐ Enlarged or Tender Glands
- ☐ Frequent Infections
- ☐ Severe Bruising

Neurological

- ☐ Balance Problems
- ☐ Dizziness
- ☐ Headaches
- ☐ Insomnia

Social / Emotional

- ☐ Anxiety
- ☐ Compulsive Behavior
- ☐ Depression
- ☐ Difficulty Concentrating
- ☐ Loss of Sexual Interest
- ☐ Panic Attacks
- ☐ Poor Sleep
- ☐ Recreational Drugs
- ☐ Short Fuse or Anger
- ☐ Suicide Ideas

Muscular/Skeletal

- ☐ Back Pain
- ☐ Buckling
- ☐ Catching
- ☐ Fractures
- ☐ Joint Swelling
- ☐ Joint Pain
- ☐ Leg Cramps
- ☐ Locking
- ☐ Neck Stiffness
- ☐ Muscle Pain
- ☐ Sciatica
- ☐ Tick Bites

Male Conditions

- ☐ Breast Lump
- ☐ Discharge from Penis
- ☐ Erection Difficulties
- ☐ Hernia
- ☐ Herpes
- ☐ History of STD
- ☐ Lump in Testicles
- ☐ Painful Testicles
- ☐ Prostate Problems
- ☐ Urinary Difficulties

Female Conditions

- ☐ Abnormal Pap Smear
- ☐ Bleeding Between Periods
- ☐ Breast Lump
- ☐ Extreme Menstrual Pain
- ☐ History of STD
- ☐ Hot Flashes
- ☐ Nipple Discharge
- ☐ Painful Intercourse
- ☐ Vaginal Discharge
- ☐ Date of Last Period
- ☐ Date of Pap Smear
- ☐ Mammogram?
- ☐ Are You Pregnant?
- # of Children

Social

- ☐ Hard to Concentrate
- ☐ Feel Lonely
- ☐ Unable to Sleep
- ☐ Cry Frequently
- ☐ Hopeless Outlook
- ☐ Considered Suicide
- ☐ Worry a lot
- ☐ Considered Psychiatry

Please Indicate RIGHT or LEFT

1st Area of Complaint _____

Burning ☐ Constant ☐ Dull Ache ☐ Intermittent ☐ Numbness ☐ Sharp ☐ Stabbing ☐

NO PAIN SEVERE

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

2nd Area of Complaint _____

Burning ☐ Constant ☐ Dull Ache ☐ Intermittent ☐ Numbness ☐ Sharp ☐ Stabbing ☐

NO PAIN SEVERE

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

3rd Area of Complaint _____

Burning ☐ Constant ☐ Dull Ache ☐ Intermittent ☐ Numbness ☐ Sharp ☐ Stabbing ☐

NO PAIN SEVERE

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

4th Area of Complaint _____

Burning ☐ Constant ☐ Dull Ache ☐ Intermittent ☐ Numbness ☐ Sharp ☐ Stabbing ☐

NO PAIN SEVERE

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

5th Area of Complaint _____

Burning ☐ Constant ☐ Dull Ache ☐ Intermittent ☐ Numbness ☐ Sharp ☐ Stabbing ☐

NO PAIN SEVERE

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

In general would you say your health is:

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

Compared to 1 year ago, how would you rate your health in general now?

Much better now than 1 year ago	☐
Somewhat better now than 1 year ago	☐
About the same	☐
Somewhat worse now than 1 year ago	☐
Much worse now than 1 year ago	☐

The following items are about activities you might do in a typical day.

	Limited a lot	Limited a little	Not Limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	☐	☐	☐
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐
Lifting or carrying groceries	☐	☐	☐
Climbing several flights of stairs	☐	☐	☐
Climbing one flight of stairs	☐	☐	☐
Bending, kneeling or stooping	☐	☐	☐
Walking more than a mile	☐	☐	☐
Walking several blocks	☐	☐	☐
Walking one block	☐	☐	☐
Bathing or dressing yourself	☐	☐	☐

During the last 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	YES	NO
Cut down the amount of time you spend on work or other activities	☐	☐
Accomplish less than you would like	☐	☐
Were limited in the kind of work or activities	☐	☐
Had difficulty performing the work or other activities (for example it took extra effort)	☐	☐

During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of any emotional problems (such as feeling depressed or anxious?

	YES	NO
Cut down the amount of time you spend on work or other activities	☐	☐
Accomplish less than you would like	☐	☐
Didn't do work or other activities as carefully as usual	☐	☐

During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activites with family, friends, neighbors or groups?

Not at all	Slightly	Moderately	Quite a Bit	Extremely
☐	☐	☐	☐	☐

How much bodily pain have you had in the past 4 weeks?

None	Very Mild	Mild	Moderate	Severe	Very Severe
☐	☐	☐	☐	☐	☐

During the past 4 weeks, how much did pain interfere with your normal work (Including work outside the house and housework)?

Not at all	Slightly	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

These questions are about how you feel and how things have been with you during the last 4 weeks. Each question, please give 1 answer that comes closest to the way you have been feeling.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep?	☐	☐	☐	☐	☐	☐
Have you been a very nervous person?	☐	☐	☐	☐	☐	☐
Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
Did you feel worn out?	☐	☐	☐	☐	☐	☐
Have you been a happy person?	☐	☐	☐	☐	☐	☐
Did you feel tired?	☐	☐	☐	☐	☐	☐

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	☐
Most of the time	☐
Some of the time	☐
A little of the time	☐
None of the time	☐

How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
I seem to get sick a lot easier than other people	☐	☐	☐	☐	☐
I am as healthy as anybody I know	☐	☐	☐	☐	☐
I expect my health to get worse	☐	☐	☐	☐	☐
My health is excellent	☐	☐	☐	☐	☐