

NAME: _____

DATE: _____

HEALTH QUESTIONNAIRE

Please indicate for each of the questions below your experience by use of one of the following codes:

(Codes) 1 - NEVER had 2 - PREVIOUSLY had 3 - PRESENTLY have

MUSCULO-SKELETAL SYSTEM CODE

- Low back problems
- Pain between shoulders
- Neck problems
- Arm problems
- Leg problems
- Swollen joints
- Painful joints
- Stiff joints
- Sore muscles
- Weak muscles
- Walking problems
- Ruptures
- Broken bones

GENITO-URINARY SYSTEM CODE

- Bladder trouble
- Excessive urine
- Scanty urination
- Painful urination
- Discolored urine

FEMALE CODE

- Vaginal discharge
- Vaginal bleeding
- Vaginal pain
- Breast pain
- Lumps on breast

GASTRO-INTESTINAL SYSTEM CODE

- Poor appetite
- Excessive hunger
- Difficult chewing
- Difficult swallowing
- Excessive thirst
- Nausea
- Vomiting food
- Vomiting blood
- Abdominal pain
- Diarrhea
- Constipation
- Black stool
- Bloody stool
- Hemorrhoids
- Liver trouble
- Gall bladder problems
- Weight trouble

NERVOUS SYSTEM CODE

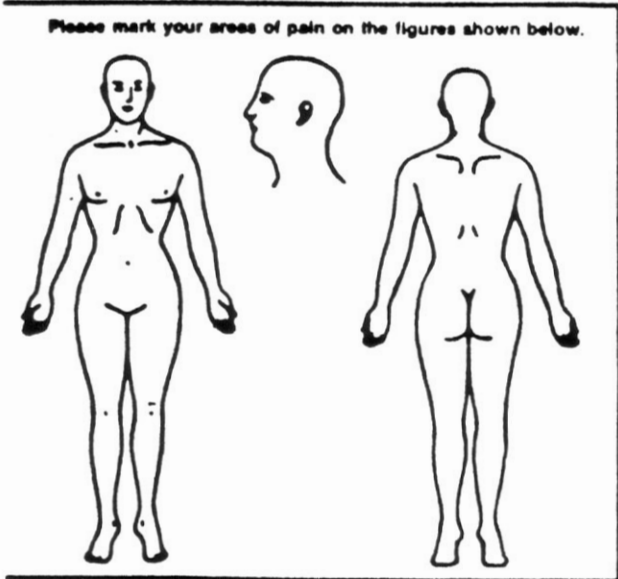
- Numbness
- Paralysis
- Dizziness
- Fainting
- Headaches
- Muscle jerking
- Convulsions
- Forgetfulness
- Confusion
- Depression

CARDIO-VASCULAR-RESPIRATORY CODE

- Chest pain
- Difficult breathing
- Persistent cough
- Coughing phlegm
- Coughing blood
- Rapid heartbeat
- Blood pressure problems
- Heart problems
- Lung problems
- Varicose veins

EYE, EAR, NOSE AND THROAT CODE

- Eye strain
- Eye inflammation
- Vision problems
- Ear pain
- Ear noises
- Hearing loss
- Ear discharge
- Nose pain
- Nose bleeding
- Nose discharge
- Difficult breathing thru nose
- Sore gums
- Dental problems
- Sore mouth
- Hoarseness
- Difficult speech



Childhood diseases: _____

Complications: _____

Prior surgery: _____

Medication presently taking: _____

Previous accidents: _____

Mother living? Yes No

In good health? Yes No

Father living? Yes No

In good health? Yes No