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

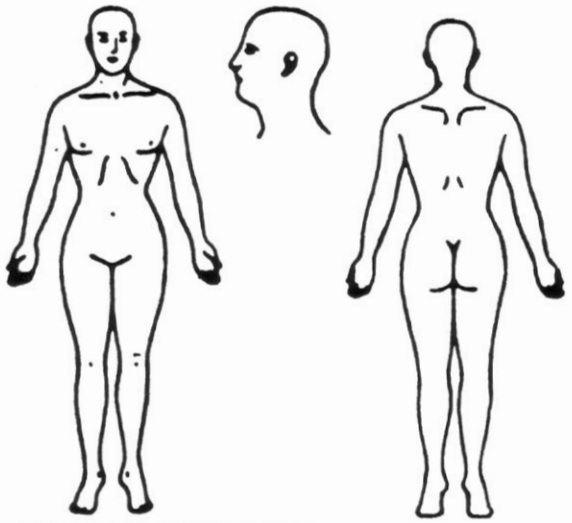
GENITO-URINARY SYSTEM
CODE

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

FEMALE
CODE

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

Please mark your areas of pain on the figures shown below.



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