

48. Any other family history we should know about? Yes___ No___

If so, please comment: _____

49. What is the attitude of those close to you about your illness?

_____Supportive

_____Non-supportive

FOR WOMEN ONLY (questions 50-58):

50. Have you ever been pregnant? (If no, skip to question 53.) Yes___ No___

Number of miscarriages _____ Number of abortions _____ Number of preemies _____

Number of term births _____ Birth weight of largest baby _____ Smallest baby _____

Did you develop toxemia (high blood pressure)? Yes___ No___

Have you had other problems with pregnancy? Yes___ No___

If so, please comment: _____

51. Age at first period _____ Date of last Pap Smear _____ Date of last Mammogram _____

Pap Smear: ___ Normal ___ Abnormal

Mammogram: ___ Normal ___ Abnormal

52. Have you ever used birth control pills? Yes___ No___ If yes, when _____

53. Are you taking the pill now? Yes___ No___

54. Did taking the pill agree with you? Yes___ No___ Not applicable _____

55. Do you currently use contraception? Yes___ No___

If yes, what type of contraception do you use? _____

56. Are you in menopause? No ___ Yes ___ If yes, age at last period _____

Do you take: Estrogen?___ Ogen?___ Estrace?___ Premarin?___ Other (specify) _____

Progesterone?___ Provera? ___ Other (specify) _____

57. How long have you been on hormone replacement therapy (if applicable)? _____

58. In the second half of your cycle, do you have symptoms of breast tenderness, water retention, or irritability (PMS)? Yes___ No___ Not applicable _____

59. Please check if these symptoms occur presently **or** have occurred in the past 6 months.

| GENERAL: | Mild | Mod- erate | Severe |
|-------------------------------|-------------|-----------------------|---------------|
| Cold hands & feet | | | |
| Cold intolerance | | | |
| Daytime sleepiness | | | |
| Difficulty falling asleep | | | |
| Early waking | | | |
| Fatigue | | | |
| Fever | | | |
| Flushing | | | |
| Heat intolerance | | | |
| Night waking | | | |
| Nightmares | | | |
| No dream recall | | | |
| HEAD, EYES & EARS: | | | |
| Conjunctivitis | | | |
| Distorted sense of smell | | | |
| Distorted taste | | | |
| Ear fullness | | | |
| Ear noises | | | |
| Ear pain | | | |
| Ear ringing/buzzing | | | |
| Eye crusting | | | |
| Eye pain | | | |
| Headache | | | |
| Hearing loss | | | |
| Hearing problems | | | |
| Lid margin redness | | | |
| Migraine | | | |
| Sensitivity to loud noises | | | |
| Vision problems | | | |

| MUSCULOSKELETAL: | Mild | Mod- erate | Severe |
|---------------------------------|-------------|-----------------------|---------------|
| Back muscle spasm | | | |
| Calf cramps | | | |
| Chest tightness | | | |
| Foot cramps | | | |
| Joint deformity | | | |
| Joint pain | | | |
| Joint redness | | | |
| Joint stiffness | | | |
| Muscle pain | | | |
| Muscle spasms | | | |
| Muscle stiffness | | | |
| Muscle twitches: Around eyes | | | |
| Arms or legs | | | |
| Muscle weakness | | | |
| Neck muscle spasm | | | |
| Tendonitis | | | |
| Tension headache | | | |
| TMJ problems | | | |
| MOOD/NERVES: | | | |
| Agoraphobia | | | |
| Anxiety | | | |
| Auditory hallucinations | | | |
| Black-out | | | |
| Depression | | | |
| Difficulty: Concentrating | | | |
| With balance | | | |
| With thinking | | | |
| With judgment | | | |
| With speech | | | |
| With memory | | | |
| Dizziness (spinning) | | | |
| Fainting | | | |
| Fearfulness | | | |
| Irritability | | | |
| Light-headedness | | | |

Adult Medical Questionnaire

| MOOD/NERVES, Cont'd: | Mild | Mod- erate | Severe |
|---------------------------------|-------------|-----------------------|---------------|
| Numbness | | | |
| Other Phobias | | | |
| Panic attacks | | | |
| Paranoia | | | |
| Seizures | | | |
| Suicidal thoughts | | | |
| Tingling | | | |
| Tremor/trembling | | | |
| Visual hallucinations | | | |
| EATING: | | | |
| Binge eating | | | |
| Bulimia | | | |
| Can't gain weight | | | |
| Can't lose weight | | | |
| Carbohydrate craving | | | |
| Carbohydrate intolerance | | | |
| Poor appetite | | | |
| Salt craving | | | |
| DIGESTION: | | | |
| Anal spasms | | | |
| Bad teeth | | | |
| Bleeding gums | | | |
| Bloating of: Lower abdomen | | | |
| Whole abdomen | | | |
| Blood in stools | | | |
| Burping | | | |
| Canker sores | | | |
| Cold sores | | | |
| Constipation | | | |
| Cracking at corner of lips | | | |
| Dentures w/poor chewing | | | |
| Diarrhea | | | |
| Difficulty swallowing | | | |
| Dry mouth | | | |
| Farting | | | |

| DIGESTION, Cont'd: | Mild | Mod- erate | Severe |
|---|-------------|-----------------------|---------------|
| Fissures | | | |
| Foods "repeat" (reflux) | | | |
| Heartburn | | | |
| Hemorrhoids | | | |
| Intolerance to: Lactose | | | |
| All milk products | | | |
| Intolerance to: Gluten (wheat) | | | |
| Corn | | | |
| Eggs | | | |
| Fatty foods | | | |
| Yeast | | | |
| Liver disease/jaundice (yellow eyes or skin) | | | |
| Lower abdominal pain | | | |
| Mucus in stools | | | |
| Nausea | | | |
| Periodontal disease | | | |
| Sore tongue | | | |
| Strong stool odor | | | |
| Undigested food in stools | | | |
| Upper abdominal pain | | | |
| Vomiting | | | |
| SKIN PROBLEMS: | | | |
| Acne on back | | | |
| Acne on chest | | | |
| Acne on face | | | |
| Acne on shoulders | | | |
| Athlete's foot | | | |
| Bumps on back of upper arms | | | |
| Cellulite | | | |
| Dark circles under eyes | | | |
| Ears get red | | | |
| Easy bruising | | | |

Adult Medical Questionnaire

| SKIN PROBLEMS, Cont'd: | Mild | Mod- erate | Severe |
|-----------------------------------|------|---------------|--------|
| Eczema | | | |
| Herpes - genital | | | |
| Hives | | | |
| Jock itch | | | |
| Lackluster skin | | | |
| Moles w color/size change | | | |
| Oily skin | | | |
| Pale skin | | | |
| Patchy dullness | | | |
| Psoriasis | | | |
| Rash | | | |
| Red face | | | |
| Sensitive to bites | | | |
| Sensitive to poison ivy/oak | | | |
| Shingles | | | |
| Skin cancer | | | |
| Skin darkening | | | |
| Strong body odor | | | |
| Thick calluses | | | |
| Vitiligo | | | |
| SKIN, ITCHING: | | | |
| Anus | | | |
| Arms | | | |
| Ear canals | | | |
| Eyes | | | |
| Feet | | | |
| Hands | | | |
| Legs | | | |
| Nipples | | | |
| Nose | | | |
| Penis | | | |
| Roof of mouth | | | |
| Scalp | | | |
| Skin in general | | | |
| Throat | | | |

| SKIN, DRYNESS OF: | Mild | Mod- erate | Severe |
|--------------------------------------|------|---------------|--------|
| Eyes | | | |
| Feet | | | |
| Any cracking? | | | |
| Any peeling? | | | |
| Hair | | | |
| And unmanageable? | | | |
| Hands | | | |
| Any cracking? | | | |
| Any peeling? | | | |
| Mouth/throat | | | |
| Scalp | | | |
| Any dandruff? | | | |
| Skin in general | | | |
| LYMPH NODES: | | | |
| Enlarged/neck | | | |
| Tender/neck | | | |
| Other enlarged/tender lymph nodes | | | |
| NAILS: | | | |
| Bitten | | | |
| Brittle | | | |
| Curve up | | | |
| Frayed | | | |
| Fungus - fingers | | | |
| Fungus - toes | | | |
| Pitting | | | |
| Ragged cuticles | | | |
| Ridges | | | |
| Soft | | | |
| Thickening of: Finger nails | | | |
| Toenails | | | |
| White spots/lines | | | |

Adult Medical Questionnaire

| RESPIRATORY: | Mild | Mod- erate | Severe |
|------------------------|------|---------------|--------|
| Bad breath | | | |
| Bad odor in nose | | | |
| Cough - dry | | | |
| Cough - productive | | | |
| Hay fever : Spring | | | |
| Summer | | | |
| Fall | | | |
| Change of season | | | |
| Hoarseness | | | |
| Nasal stuffiness | | | |
| Nose bleeds | | | |
| Post nasal drip | | | |
| Sinus fullness | | | |
| Sinus infection | | | |
| Snoring | | | |
| Sore throat | | | |
| Wheezing | | | |
| Winter stuffiness | | | |
| CARDIOVASCULAR: | | | |
| Angina/chest pain | | | |
| Breathlessness | | | |
| Heart attack | | | |
| Heart murmur | | | |
| High blood pressure | | | |
| Irregular pulse | | | |
| Mitral valve prolapse | | | |
| Palpitations | | | |
| Phlebitis | | | |
| Swollen ankles/feet | | | |
| Varicose veins | | | |

| URINARY: | Mild | Mod- erate | Severe |
|---------------------------------|------|---------------|--------|
| Bed wetting | | | |
| Hesitancy | | | |
| Infection | | | |
| Kidney disease | | | |
| Kidney stone | | | |
| Leaking/incontinence | | | |
| Pain/burning | | | |
| Prostate enlargement | | | |
| Prostate infection | | | |
| Urgency | | | |
| MALE REPRODUCTIVE: | | | |
| Discharge from penis | | | |
| Ejaculation problem | | | |
| Genital pain | | | |
| Impotence | | | |
| Infection | | | |
| Lumps in testicles | | | |
| Poor libido (sex drive) | | | |
| FEMALE REPRODUCTIVE: | | | |
| Breast cysts | | | |
| Breast lumps | | | |
| Breast tenderness | | | |
| Ovarian cyst | | | |
| Poor libido (sex drive) | | | |
| Endometriosis | | | |
| Fibroids | | | |
| Infertility | | | |
| Vaginal discharge | | | |
| Vaginal odor | | | |
| Vaginal itch | | | |
| Vaginal pain | | | |

Adult Medical Questionnaire

| FEMALE REPRODUCTIVE, Cont'd: | Mild | Mod- erate | Severe |
|---|-------------|-----------------------|---------------|
| <u>Premenstrual:</u> | | | |
| Bloating | | | |
| Breast tenderness | | | |
| Carbohydrate craving | | | |
| Chocolate craving | | | |
| Constipation | | | |
| Decreased sleep | | | |
| Diarrhea | | | |
| Fatigue | | | |
| Increased sleep | | | |
| Irritability | | | |
| <u>Menstrual:</u> | | | |
| Cramps | | | |
| Heavy periods | | | |
| Irregular periods | | | |
| No periods | | | |
| Scanty periods | | | |
| Spotting between | | | |