

Boulder Peak Health: Medical Symptoms Questionnaire

Name _____ Date _____

Point Scale

- 0 - Never or almost never have the symptom
- 1 - Occasionally have it, effect is not severe
- 2 - Occasionally have it, effect is severe
- 3 - Frequently have it, effect is not severe
- 4 - Frequently have it, effect is severe

Rate each of the following symptoms based on your typical health profile for:

Head		0	1	2	3	4	Total
	Headaches						
	Faintness						
	Dizziness						
	Insomnia						
Eyes		0	1	2	3	4	Total
	Watery/itchy						
	Swollen, reddened or sticky eyelids						
	Bags or dark circles under eyes						
	Blurred or tunnel vision (does not include near or far-sightedness)						
Ears		0	1	2	3	4	Total
	Itchy ears						
	Earaches, ear infections						
	Drainage from ear						
	Ringing in ears, hearing loss						
Nose		0	1	2	3	4	Total
	Stuffy nose						
	Sinus problems						
	Hay fever						
	Sneezing attacks						
Mouth/Throat		0	1	2	3	4	Total
	Chronic coughing						
	Gagging, frequent need to clear throat						
	Sore throat, hoarseness, loss of voice						
	Swollen or discolored tongue/gums/lips						
Canker sores							

Boulder Peak Health: Medical Symptoms pg. 3

		0	1	2	3	4	
Mind	Poor memory						Total
	Confusion, poor comprehension						
	Poor concentration						
	Poor physical coordination						
	Difficulty in making decisions						
	Stuttering or stammering						
	Slurred speech						
	Learning disabilities						
		0	1	2	3	4	
Emotions	Mood swings						Total
	Anxiety, fear, nervousness						
	Anger, irritability, aggressiveness						
	Depression						
		0	1	2	3	4	
Other	Frequent illness						Total
	Frequent or urgent urination						
	Genital itch or discharge						

Grand Total _____

Optimal: less than 10
 Mild Toxicity: 10-50
 Moderate Toxicity: 50-100
 Severe Toxicity: over 100