MEDICAL SYMPTOM CHECKLIST	Name:	Date:
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Please check YES if you have  $\underline{recently}$  (i.e. in the past MONTH) been bothered by the listed problem.

YES	PROBLEM	YES	PROBLEM	YES	PROBLEM
_	frequent or severe headaches		grey or whitish stools		dislike criticism
	neck pains		pain in rectum		angered easily
	neck lumps or swelling		itching rectum		annoyed by little things
	loss of balance		blood with stools		family problems
	dizzy spells		frequent urination		problems at work
	blackouts/fainting		involuntary escape of urine		sexual difficulties
	blurry vision		burning on urination		change of sexual energy
	eyesight worsening		brown black or bloody		considered suicide
	see double		urine		sought psychiatric help
	see halos or lights		weak urine stream		e Projection Projectio
	eye pain or itching		difficulty starting urine		loss or gain in weight
	watering eyes		constant urge to urinate		frequently feel warmer or
	watering eyes		Constant arge to armine		colder than others
	hearing difficulties		aching muscles or joints		loss of appetite
	earaches		swollen joints		always hungry
	discharge from ears		back or shoulder pains		swelling in armpits or groin
	noises in ears		weakness in arms or legs		unusual fatigue or weakness
			painful feet		difficulty sleeping
	dental problems		trembling		fever or chills
	sore or bleeding gums		numbness		motion sickness
	sore tongue		leg cramps		excessive sweating
	sore tongue		reg cramps		night sweats
	wheezing or gasping		skin problems		hot flashes
	frequent coughing		scalp problems		not hashes
	cough up phlegm		itching or burning skin		(MEN ONLY)
	cough up blood		bruise easily		burning or discharge
	chest colds		oruise easily		lumps or swelling on testicles
	chest colds		norvousnoss or anvioty		painful testicles
	rapid or skipped heartheats		nervousness or anxiety nervous with strangers		painful testicies
	rapid or skipped heartbeats		_		(WOMEN ONLY)
	chest pains shortness of breath with		nail biting		•
			difficulty making decisions		a missed period
	normal activity		lack of concentration		menstrual problems
	swollen feet or ankles		absentminded/loss of memory		bleeding between periods
			lonely or depressed		tension or pain before
	recurring indigestion		frequent crying		periods
	frequent belching		hopeless outlook		heavy bleeding
	nausea		difficulty relaxing		bearing down feeling
	vomiting		worrying a lot		vaginal discharge
	pain in abdomen		frightening dreams or		genital irritation
	bloated abdomen		thoughts		pain on intercourse
	constipation		feeling of desperation		swelling or lumps in breasts
	loose bowels		shy or sensitive		painful breasts
	black stools				
Comm	ents or special problems:				