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## Female Interim Symptoms Questionnaire

Name:	Date:
Last Visit:	Last Questionnaire Score:

In general, how do you feel?  Better  Worse  About the same

What's better, please explain:

What are you hoping to see improve, please explain:

### PLEASE RATE THE FOLLOWING

*Rating Scale:*

- 0 – Never or almost never have the symptom
- 1 – Occasionally experience it, symptoms are not severe
- 2 – Occasionally experience it, symptoms are severe
- 3 – Frequently experience it, symptoms are not severe
- 4 – Frequently experience it, symptoms are severe

<b>HEAD</b>	Dizziness	Total:
	Headaches	
	Lightheadedness	
	Sinus pressure	
<b>EYES</b>	Bags or dark circles under your eyes	Total:
	Blurred or tunnel vision	
	Itchy or watery	
	Red, swollen or "sticky"	
<b>EARS</b>	Deafness or temporary loss of hearing	Total:
	Ear aches or infections	
	Itchy or draining	
	Ringing or humming sounds	
<b>NOSE</b>	Excessive mucus	Total:
	Loss of smell	
	Nosebleeds	
	Sneezing attacks	
	Stuffiness	

<b>MOUTH/THROAT</b>	Burning sensation of tongue or lips	Total:
	Canker sores	
	Gag easily	
	Chronic cough	
	Need to clear throat	
	Sore throat, hoarseness or loss of voice	
<b>HEART</b>	Blood pressure problems	Total:
	Chest pain	
	Irregular or skipping heartbeats	
	Rapid or pounding heartbeat	
	Swelling in legs or pain while walking	
<b>DIGESTIVE TRACT</b>	Belching	Total:
	Bloated	
	Constipation	
	Diarrhea	
	Heartburn	
	Nausea or vomiting	
<b>ENDOCRINE</b>	Excessive sweating	Total:
	Excessive thirst	
	Excessive urination	
	Intolerance to hot or cold	
<b>MUSCULOSKELETAL</b>	Aches and pains in joints	Total:
	Aches and pains in muscles	
	Arthritic pain	
	Neck or back pain	
<b>RESPIRATORY</b>	Asthma or bronchitis	Total:
	Chest congestion	
	Coughing	
	Difficulty breathing	
	Shortness of breath	
<b>SKIN/HAIR/NAILS</b>	Acne	Total:
	Cracked or chipping nails	
	Dryness, hives or rashes	
	Hair loss	
<b>FEMALE</b>	Burning on urination	Total:
	Discharge or itching from or around genitalia	
	Frequent or urgent urination	
	Irregular menstrual cycle	
	Loss of libido (desire for sex)	
	Hot flashes	
	Pain or cramping during menstrual flow	
	Painful or tender breasts	

<b>ENERGY LEVELS</b>		Apathy/lethargy	Total:
		Fatigue or sluggishness	
		Hyperactive	
		Inability to sleep	
		Restlessness	
<b>BRAIN/EMOTIONS</b>		Anger, aggressiveness, or irritability	Total:
		Anxiety, fear, anxiousness or nervousness	
		Brain fog	
		Confusion or poor comprehension	
		Depression	
		Difficulty in concentrating or making decisions	
		Mood swings	
<b>OTHER</b>			Total:
<b>GRAND TOTAL:</b>			