

# MEDICAL QUESTIONNAIRE

# SYMPTOMS

Rate each of the following symptoms based upon your typical health profile for the past 14 days.

## POINT SCALE:

0 = Never or almost never have the symptom

1 = Occasionally have it, effect is not severe

2 = Occasionally have, effect is severe

3 = Frequently have it, effect is not severe

4 = Frequently have it, effect is severe