

Review of Symptoms (female)
Santa Fe Center for Allergy & Environmental Medicine

Name: _____ Date: _____

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|---|-------|---|
| 1. Have you ever taken tetracycline (or other antibiotics for acne for a period of 2 months or longer? | Y | N |
| 2. Have you ever taken broad spectrum antibiotics for respiratory, urinary or other infections for a period of 2 months or longer, or shorter courses 4 or more times in a single year? | Y | N |
| 3. Have you, at any time in your life, been troubled by persistent vaginal problems or had 3 or more episodes of vaginitis in a year? | Y | N |
| 4. Have you been pregnant? | | |
| If yes, please write how many times | _____ | |
| 5. Have you taken birth control pills? | Y | N |
| If yes, have you taken them for more than 2 years? | Y | N |
| 6. Have you ever taken Decadron, prednisone or any other cortisone-type drug? | Y | N |
| If yes, have you taken them for more than 2 weeks? | Y | N |
| 7. Does exposure to perfume, insecticide, fabric softener, clothing store odors or other chemicals bother you? | Y | N |
| If yes, please rate the symptoms from mild to severe 1-10 (circle) 1 2 3 4 5 6 7 8 9 10 | | |
| 8. Do damp, muggy days or moldy places cause symptoms? | Y | N |
| 9. Have you ever had persistent athlete's foot, jock itch or chronic infections of your skin or nails? | Y | N |
| If yes, please rate the infection from mild to severe 1-10 (circle) 1 2 3 4 5 6 7 8 9 10 | | |
| 10. Do you crave sugar? | Y | N |
| 11. Do you crave breads? | Y | N |
| 12. Do you crave alcoholic beverages? | Y | N |
| 13. Does tobacco smoke <i>really</i> bother you? | Y | N |

For the symptoms below, please rate your symptoms by circling anywhere from 0 - 10 for "none" to "very severe". These symptoms should be present now or within the past few months.

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|---|---|---|---|---|---|---|---|---|---|---|----|
| 14. Poor memory | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 15. Inability to concentrate | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 16. Drowsiness | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 17. Fatigue or lethargy | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 18. Feeling of being "drained" | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 19. Irritability or jitteriness | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 20. Frequent mood swings | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 21. Depression | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 22. Feeling "spacey" or "unreal" | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 23. Poor coordination | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 24. Dizziness or loss of balance | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 25. Headache | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 26. Pressure above ears, feeling of head swelling | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 27. Spots in front of eyes | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 28. Double vision | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 29. Failing vision | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 30. Burning, irritation or tearing of eyes | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Please see next page

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| 31. Recurrent ear infections | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 32. Muscle aches | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 33. Muscle weakness | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 34. Pain and/or swelling of joints | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 35. Numbness over hands and feet | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 36. Cold hands and feet | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 37. Dry mouth | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 38. Constant thirst | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 39. Sore throats with fever over 100 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 40. Night sweats | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 41. Rash or blisters in mouth | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 42. Congestion when sweeping or dusting | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 43. Sneezing when you mow the lawn | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 44. Bad breath | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 45. Nasal congestion or discharge | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 46. Nasal itching | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 47. Sore or dry throat | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 48. Cough | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 49. Pain or tightness in chest | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 50. Wheezing or shortness of breath | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 51. Heart palpitations | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 52. Abdominal pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 53. Constipation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 54. Diarrhea | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 55. Overweight | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 56. Bloating | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 57. Burning in stomach after eating | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 58. Indigestion | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 59. Belching or gas | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 60. Allergic reactions to foods (hives, rash, swelling, stomach distress) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 61. Mucous in stools | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 62. Hemorrhoids (other than from childbirth) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 63. Skin rashes | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 64. Bruise easily | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 65. Rectal itching (other than from hemorrhoids) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 66. Troublesome vaginal discharge, burning or itching | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 67. Hard to get pregnant | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 68. Loss of sexual feeling | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 69. Dysmenorrhea (painful periods) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 70. Urinary urgency or frequency | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 71. Burning on urination | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 72. Frequent urinary infections | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 73. Frequent backache | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 74. Dark circles under eyes | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 75. Skin always pale | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 76. Don't feel rested after sleep | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |