Review of Symptoms (male)

Santa Fe Center for Allergy & Environmental Medicine

Name: ____ Date: _________________

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. Are you regularly exposed to high nitrogen fertilizers? ……………………………………………………….. Y N
   If yes, please indicate frequency 1X daily 2X weekly 3X monthly 4X yearly
4. Are you exposed to insecticides? ………………………………………………………………………… Y N
5. Are you exposed to toxic chemicals or solvents on a regular basis? …………………………………… Y N
   If yes, have you been exposed more than 2 years? ……………………………………………………… Y N
6. Have you ever taken, prednisone, Decadron 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 *really* 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.

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

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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 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. Sores or irritation of penis or foreskin 0 1 2 3 4 5 6 7 8 9 10
67. Persistent burning or aching in groin or testicles 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. Impotence or inability to maintain an erection 0 1 2 3 4 5 6 7 8 9 10
70. Urethral irritation or discharge 0 1 2 3 4 5 6 7 8 9 10
71. Urinary urgency or frequency 0 1 2 3 4 5 6 7 8 9 10
72. Burning on urination 0 1 2 3 4 5 6 7 8 9 10
73. Frequent urinary infections 0 1 2 3 4 5 6 7 8 9 10
74. Frequent backache 0 1 2 3 4 5 6 7 8 9 10
75. Dark circles under eyes 0 1 2 3 4 5 6 7 8 9 10
76. Skin always pale 0 1 2 3 4 5 6 7 8 9 10
77. Don’t feel rested after sleep 0 1 2 3 4 5 6 7 8 9 10