

## Personal Success Wellness

- ? Hearing problems
- ? Ringing in ears
- ? Dizzy spells
- ? Fainting spells
- ? Vision problems
- ? Eye pain
  
- ? Nose bleeds
- ? Sinus trouble
- ? Sore throat *frequent*
- ? Hoarseness *prolonged*
- ? Hayfever / Allergies
- ? Pneumonia / Pleurisy
- ? Bronchitis / Chronic Cough
- ? Asthma / Wheezing
  
- ? Shortness of breath
  - ? On exertion
  - ? when lying flat
  - ? in the past week
  - ? affects lifestyle
- ? Chest pain
- ? High blood pressure
- Date of last chol.test:
  
- ? Heart murmur
- ? Swollen ankles
- ? Irregular pulse
- ? Palpitations
- ? Leg pain
- ? Cold numb feet
- ? Varicose veins / Phlebitis
- ? Appetite changes
  - ? Decrease
  - ? Increase
- ? Difficulty swallowing
- ? Heartburn
- ? Peptic ulcer
- ? Aspirin- Arthritis- Pain pills
- ? Nausea / Vomiting
- ? Gallbladder disease
- ? Jaundice / Hepatitis
- ? Diarrhea
- ? Constipation
- ? Diverticulosis
- ? Crohn's / Colitis
- ? Bloody or tarry stools
- ? Test for blood in stool
- ? Hemorrhoids
- ? Hernia
- ? Waking at night to urinate

## Symptom Checklist

- ? Urinary Frequency
- ? Urinary Urgency
  - ? with leakage
- ? Painful Urination
- ? Blood in Urine
- ? Kidney Stones
- ? Urine Infections
- ? Prostate Problems
- ? Bed Wetting
- ? Significant Weight Loss
- ? Significant Weight Gain
- ? Anemia
- ? Bruise Easily
- ? Cancer
- ? Fatigue / Loss of Energy
- ? Diabetes
- ? Thyroid Disease
- ? Arthritis / Rheumatism
- ? Back Pain
- ? Bone Fracture / Joint Injury
- ? Osteoporosis
- ? Gout
- ? Rashes / Hives
- ? Psoriasis
- ? Eczema
- ? Excessive Sweating
- ? Seizures
- ? Stroke
- ? Hand Tremor
- ? Numbness
- ? Headaches
- ? Memory Loss
- ? Depression
- ? Confusion
- ? Decreased work Performance
- ? Sleep Problems
  - For How Long?
  - How Often?
    - ? Too much
    - ? Too little
  - ? Legs keep you up
  - ? Nightmares
  - ? Night sweats
- ? Awaken refreshed
- ? Concentration problems
- ? Difficulty with new tasks
- ? Thoughts of death or suicide
- ? Anxiety
- ? Mood Swings
- ? Phobias
- ? Mental illness

## ? Sexual problems

Have you ever had:

- ? Rheumatic fever
- ? Measles
- ? Chicken pox
- ? Polio
- ? Mumps
- ? Tuberculosis
- ? German measles
- ? Herpes
- ? HIV / AIDS
- ? STD
  
- ? Alcohol \_\_\_\_\_ drinks / week
- ? Coffee \_\_\_\_\_ cups / day
- ? Smoking \_\_\_\_\_ packs / day
  - # of years \_\_\_\_\_
  - Year Quit \_\_\_\_\_
- ? Exercise \_\_\_\_\_
- ? Street Drugs \_\_\_\_\_
- ? Travel Abroad \_\_\_\_\_

## Females Only:

Menstruation

- ? Regular
- ? Irregular
- ? N/A
- Length of Cycle:
  - ? Cramping / Pain
- ? Pain after or during sex
- Pregnancies
  - # of Pregnancies:
  - # of Miscarriages:
  - # of Abortions:
  - # of Live Births:
- ? Birth Control
  - Method:
- ? Flushing / Menopause
- Date of last PAP:
  - ? Normal
  - ? Abnormal
- Date of last mammogram
  - ? Normal
  - ? Abnormal