

48. Any other family history we should know about? Yes \_\_\_ No \_\_\_

If so, please comment: \_\_\_\_\_

49. What is the attitude of those close to you about your illness?

\_\_\_\_\_ Supportive

\_\_\_\_\_ Non-supportive

**FOR WOMEN ONLY (questions 50-58):**

50. Have you ever been pregnant? (If no, skip to question 53.) Yes \_\_\_ No \_\_\_

Number of miscarriages \_\_\_ Number of abortions \_\_\_ Number of preemies \_\_\_

Number of term births \_\_\_ Birth weight of largest baby \_\_\_ Smallest baby \_\_\_

Did you develop toxemia (high blood pressure)? Yes \_\_\_ No \_\_\_

Have you had other problems with pregnancy? Yes \_\_\_ No \_\_\_

If so, please comment: \_\_\_\_\_

51. Age at first period \_\_\_ Date of last Pap Smear \_\_\_\_\_ Date of last Mammogram \_\_\_\_\_

Pap Smear: \_\_\_ Normal \_\_\_ Abnormal

Mammogram: \_\_\_ Normal \_\_\_ Abnormal

52. Have you ever used birth control pills? Yes \_\_\_ No \_\_\_ If yes, when \_\_\_\_\_

53. Are you taking the pill now? Yes \_\_\_ No \_\_\_

54. Did taking the pill agree with you? Yes \_\_\_ No \_\_\_ Not applicable \_\_\_

55. Do you currently use contraception? Yes \_\_\_ No \_\_\_

If yes, what type of contraception do you use? \_\_\_\_\_

56. Are you in menopause? No \_\_\_ Yes \_\_\_ If yes, age at last period \_\_\_\_\_  
Do you take: Estrogen? \_\_\_ Ogen? \_\_\_ Estrace? \_\_\_ Premarin? \_\_\_ Other (specify) \_\_\_\_\_

Progesterone? \_\_\_ Provera? \_\_\_ Other (specify) \_\_\_\_\_

57. How long have you been on hormone replacement therapy (if applicable)? \_\_\_\_\_

58. In the second half of your cycle, do you have symptoms of breast tenderness, water retention, or irritability (PMS)? Yes \_\_\_ No \_\_\_ Not applicable \_\_\_

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59. Please check if these symptoms occur presently **or** have occurred in the past 6 months.

<b>GENERAL:</b>	<b>Mild</b>	<b>Mod- erate</b>	<b>Severe</b>
Cold hands & feet			
Cold intolerance			
Daytime sleepiness			
Difficulty falling asleep			
Early waking			
Fatigue			
Fever			
Flushing			
Heat intolerance			
Night waking			
Nightmares			
No dream recall			
<b>HEAD, EYES &amp; EARS:</b>			
Conjunctivitis			
Distorted sense of smell			
Distorted taste			
Ear fullness			
Ear noises			
Ear pain			
Ear ringing/buzzing			
Eye crusting			
Eye pain			
Headache			
Hearing loss			
Hearing problems			
Lid margin redness			
Migraine			
Sensitivity to loud noises			
Vision problems			

<b>MUSCULOSKELETAL:</b>	<b>Mild</b>	<b>Mod- erate</b>	<b>Severe</b>
Back muscle spasm			
Calf cramps			

Chest tightness			
Foot cramps			
Joint deformity			
Joint pain			
Joint redness			
Joint stiffness			
Muscle pain			
Muscle spasms			
Muscle stiffness			
Muscle twitches: Around eyes Arms or legs			
Muscle weakness			
Neck muscle spasm			
Tendonitis			
Tension headache			
TMJ problems			
<b>MOOD/NERVES:</b>			
Agoraphobia			
Anxiety			
Auditory hallucinations			
Black-out			
Depression			
Difficulty: Concentrating With balance With thinking With judgment With speech With memory			
Dizziness (spinning)			
Fainting			
Fearfulness			
Irritability			
Light-headedness			
<b>MOOD/NERVES, Cont'd:</b>	<b>Mild</b>	<b>Mod- erate</b>	<b>Severe</b>
Numbness			
Other Phobias			
Panic attacks			
Paranoia			

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Seizures			
Suicidal thoughts			
Tingling			
Tremor/trembling			
Visual hallucinations			
<b>EATING:</b>			
Binge eating			
Bulimia			
Can't gain weight			
Can't lose weight			
Carbohydrate craving			
Carbohydrate intolerance			
Poor appetite			
Salt craving			
<b>DIGESTION:</b>			
Anal spasms			
Bad teeth			
Bleeding gums			
Bloating of:			
Lower abdomen			
Whole abdomen			
Blood in stools			
Burping			
Canker sores			
Cold sores			
Constipation			
Cracking at corner of lips			
Dentures w/poor chewing			
Diarrhea			
Difficulty swallowing			
Dry mouth			
Farting			
<b>DIGESTION, Cont'd:</b>	<b>Mild</b>	<b>Mod- erate</b>	<b>Severe</b>
Fissures			
Foods "repeat" (reflux)			
Heartburn			
Hemorrhoids			
Intolerance to: Lactose			

All milk products			
Intolerance to:			
Gluten (wheat)			
Corn			
Eggs			
Fatty foods			
Yeast			
Liver disease/jaundice (yellow eyes or skin)			
Lower abdominal pain			
Mucus in stools			
Nausea			
Periodontal disease			
Sore tongue			
Strong stool odor			
Undigested food in stools			
Upper abdominal pain			
Vomiting			
<b>SKIN PROBLEMS:</b>			
Acne on back			
Acne on chest			
Acne on face			
Acne on shoulders			
Athlete's foot			
Bumps on back of upper arms			
Cellulite			
Dark circles under eyes			
Ears get red			
Easy bruising			

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<b>SKIN PROBLEMS, Cont'd:</b>	<b>Mild</b>	<b>Mod- erate</b>	<b>Severe</b>
Eczema			
Herpes - genital			
Hives			
Jock itch			
Lackluster skin			
Moles w color/size change			
Oily skin			
Pale skin			
Patchy dullness			
Psoriasis			
Rash			
Red face			
Sensitive to bites			
Sensitive to poison ivy/ oak			
Shingles			
Skin cancer			
Skin darkening			
Strong body odor			
Thick calluses			
Vitiligo			
<b>SKIN, ITCHING:</b>			
Anus			
Arms			
Ear canals			
Eyes			
Feet			
Hands			
Legs			
Nipples			
Nose			
Penis			
Roof of mouth			
Scalp			
Skin in general			
Throat			

<b>SKIN, DRYNESS OF:</b>	<b>Mild</b>	<b>Mod- erate</b>	<b>Severe</b>
Eyes			
Feet			
Any cracking?			
Any peeling?			
Hair			
And unmanageable?			
Hands			
Any cracking?			
Any peeling?			
Mouth/throat			
Scalp			
Any dandruff?			
Skin in general			
<b>LYMPH NODES:</b>			
Enlarged/neck			
Tender/neck			
Other enlarged/tender lymph nodes			
<b>NAILS:</b>			
Bitten			
Brittle			
Curve up			
Frayed			
Fungus - fingers			
Fungus - toes			
Pitting			
Ragged cuticles			
Ridges			
Soft			
Thickening of: Finger nails			
Toenails			
White spots/lines			

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<b>RESPIRATORY:</b>	Mild	Mod- erate	Severe
Bad breath			
Bad odor in nose			
Cough - dry			
Cough - productive			
Hay fever : Spring			
Summer			
Fall			
Change of season			
Hoarseness			
Nasal stuffiness			
Nose bleeds			
Post nasal drip			
Sinus fullness			
Sinus infection			
Snoring			
Sore throat			
Wheezing			
Winter stuffiness			
<b>CARDIOVASCULAR:</b>			
Angina/chest pain			
Breathlessness			
Heart attack			
Heart murmur			
High blood pressure			
Irregular pulse			
Mitral valve prolapse			
Palpitations			
Phlebitis			
Swollen ankles/feet			
Varicose veins			

<b>URINARY:</b>	Mild	Mod- erate	Severe
Bed wetting			
Hesitancy			
Infection			
Kidney disease			
Kidney stone			
Leaking/incontinence			
Pain/burning			
Prostate enlargement			
Prostate infection			
Urgency			
<b>MALE REPRODUCTIVE:</b>			
Discharge from penis			
Ejaculation problem			
Genital pain			
Impotence			
Infection			
Lumps in testicles			
Poor libido (sex drive)			
<b>FEMALE REPRODUCTIVE:</b>			
Breast cysts			
Breast lumps			
Breast tenderness			
Ovarian cyst			
Poor libido (sex drive)			
Endometriosis			
Fibroids			
Infertility			
Vaginal discharge			
Vaginal odor			
Vaginal itch			
Vaginal pain			

<b>FEMALE REPRODUCTIVE, Cont'd:</b>	<b>Mild</b>	<b>Mod- erate</b>	<b>Severe</b>
<u>Premenstrual:</u>			
Bloating			
Breast tenderness			
Carbohydrate craving			
Chocolate craving			
Constipation			
Decreased sleep			
Diarrhea			
Fatigue			
Increased sleep			
Irritability			
<u>Menstrual:</u>			
Cramps			
Heavy periods			
Irregular periods			
No periods			
Scanty periods			
Spotting between			