

Capital Primary Care Health Questionnaire

Date: _____

Account # _____

Name: _____

This health questionnaire will help the doctor to analyze your medical condition Please check YES or NO after each question.

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| 1. Do you have trouble with your vision? | Yes ___ | No ___ |
| 2. Has a doctor ever said you have glaucoma? | Yes ___ | No ___ |
| 3. Do you have difficulty hearing? | Yes ___ | No ___ |
| 4. Do you often have noises in the ears? | Yes ___ | No ___ |
| 5. Are you often dizzy? | Yes ___ | No ___ |
| 6. Are you frequently bothered by nosebleeds? | Yes ___ | No ___ |
| 7. Do you often have head colds? | Yes ___ | No ___ |
| 8. Are you often bothered by sinus trouble? | Yes ___ | No ___ |
| 9. Has your voice been persistently hoarse this year? | Yes ___ | No ___ |
| 10. Have you had bleeding gums often this year? | Yes ___ | No ___ |
| 11. Is your tongue often sore? | Yes ___ | No ___ |
| 12. Are you often bothered by bad headaches? | Yes ___ | No ___ |
| 13. Are you subject to fainting or blackout spells? | Yes ___ | No ___ |
| 14. Have you ever had a convulsion? | Yes ___ | No ___ |
| 15. Have you ever been paralyzed? | Yes ___ | No ___ |
| 16. Do you often have numbness of the hands? | Yes ___ | No ___ |
| 17. Are you subject to blackout spells? | Yes ___ | No ___ |
| 18. Are you often bothered by back pain? | Yes ___ | No ___ |
| 19. Are you subject to catches in the back? | Yes ___ | No ___ |
| 20. Are you often bothered by rheumatism or arthritis? | Yes ___ | No ___ |
| 21. Has a doctor ever said you had gout? | Yes ___ | No ___ |
| 22. Are you bothered with a skin rash? | Yes ___ | No ___ |
| 23. Are you bothered with skin itching? | Yes ___ | No ___ |
| 24. Are you troubled with a cough almost every day? | Yes ___ | No ___ |
| 25. Do you regularly cough up much phlegm or sputum? | Yes ___ | No ___ |
| 26. Have you coughed up blood in the last year? | Yes ___ | No ___ |
| 27. Do you have frequent chest colds? | Yes ___ | No ___ |
| 28. Have you had pneumonia or severe bronchitis in the past year? | Yes ___ | No ___ |
| 29. Have you had asthma in the past year? | Yes ___ | No ___ |
| 30. Are you unusually short of breath when walking or working? | Yes ___ | No ___ |
| 31. Has a doctor ever said you had emphysema of the lungs? | Yes ___ | No ___ |
| 32. Are you often troubled with chest pain? | Yes ___ | No ___ |
| 33. Do you often have chest pressure or tightness when excited? | Yes ___ | No ___ |
| 34. Do you often have chest pressure or tightness when walking or working? | Yes ___ | No ___ |
| 35. Does your heart often thump or race? | Yes ___ | No ___ |
| 36. Are your feet or legs unusually swollen by the end of the day? | Yes ___ | No ___ |
| 37. Has a doctor ever said you have heart trouble? | Yes ___ | No ___ |
| 38. Do you often have a poor appetite? | Yes ___ | No ___ |
| 39. Do you often have trouble swallowing food or liquids? | Yes ___ | No ___ |
| 40. Are you often troubled by indigestion or heartburn? | Yes ___ | No ___ |
| 41. Do you often have stomach trouble? | Yes ___ | No ___ |
| 42. Are you often troubled by excessive gas or bloating? | Yes ___ | No ___ |
| 43. Have you bled from the rectum in the past year? | Yes ___ | No ___ |
| 44. Are you regularly troubled with constipation? | Yes ___ | No ___ |
| 45. Are you frequently troubled with diarrhea or dysentery? | Yes ___ | No ___ |
| 46. Are you often bothered by itching around the rectum? | Yes ___ | No ___ |
| 47. Has a doctor ever said you have a stomach or duodenal ulcer? | Yes ___ | No ___ |
| 48. Has a doctor ever said you had gallbladder trouble? | Yes ___ | No ___ |
| 49. Has a doctor ever said you have jaundice? | Yes ___ | No ___ |

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|---|---------|--------|
| 50. Do you regularly get up more than once from sleeping to urinate? | Yes ___ | No ___ |
| 51. Are you often bothered by burning pain while urinating? | Yes ___ | No ___ |
| 52. Do you often have trouble starting urination? | Yes ___ | No ___ |
| 53. Have you had blood in the urine in the last year? | Yes ___ | No ___ |
| 54. Do you often have trouble emptying your bladder completely? | Yes ___ | No ___ |
| 55. Have you ever passed a kidney stone in your urine? | Yes ___ | No ___ |
| 56. Have you ever been treated for a urine infection in the past year? | Yes ___ | No ___ |
| | | |
| 57. Are you tired much of the time? | Yes ___ | No ___ |
| 58. Do you frequently have trouble sleeping (insomnia)? | Yes ___ | No ___ |
| 59. Do you frequently feel nervous or upset? | Yes ___ | No ___ |
| 60. Have you ever had a nervous breakdown? | Yes ___ | No ___ |
| 61. Do you often feel discouraged or depressed? | Yes ___ | No ___ |
| 62. Do you have difficulties in your sex life? | Yes ___ | No ___ |
| 63. Do you drink more alcohol than is good for you? | Yes ___ | No ___ |
| | | |
| 64. Do you often have large bruises on your skin? | Yes ___ | No ___ |
| 65. Do you bleed or hemorrhage excessively? | Yes ___ | No ___ |
| 66. Have you been treated for anemia in the last year? | Yes ___ | No ___ |
| 67. Has your weight changed more than 10 pounds in the past year? | Yes ___ | No ___ |
| 68. Have you had a fever in the past month? | Yes ___ | No ___ |
| 69. Do you often feel cold in a room that is comfortable for others? | Yes ___ | No ___ |
| 70. Do you sweat or perspire excessively? | Yes ___ | No ___ |
| 71. Has a doctor ever said you had thyroid trouble? | Yes ___ | No ___ |
| | | |
| 72. Have you taken any hormone shots or pills in the last year? | Yes ___ | No ___ |
| 73. Have you taken any thyroid medication in the past year? | Yes ___ | No ___ |
| 74. Have you taken insulin or diabetes medicine in the past year? | Yes ___ | No ___ |
| 75. Have you ever taken any cortisone or similar medicine in the past year? | Yes ___ | No ___ |
| 76. Have you ever taken any medicine for fluid retention in the past year? | Yes ___ | No ___ |
| 77. Have you taken any allergy medicine in the past year? | Yes ___ | No ___ |
| 78. Have you taken any heart medicine in the past year? | Yes ___ | No ___ |
| 79. Have you taken any medicine for high blood pressure in the past year? | Yes ___ | No ___ |
| 80. Have you taken any medicine for high blood pressure in the past year? | Yes ___ | No ___ |
| 81. Have you ever taken any iron or blood building medicine in the past year? | Yes ___ | No ___ |
| 82. Have you ever taken any sedatives in the past year? | Yes ___ | No ___ |
| 83. Have you ever taken any tranquilizers in the past year? | Yes ___ | No ___ |
| 84. Have you often taken sleeping pills in the past year? | Yes ___ | No ___ |
| 85. Have you often taken "pep pills" in the past year? | Yes ___ | No ___ |
| 86. Have you skin ointments for skin troubles in the past year? | Yes ___ | No ___ |
| 87. Have you often taken stomach or digestion medicine in the past year? | Yes ___ | No ___ |
| 88. Have you taken laxatives in the past year? | Yes ___ | No ___ |
| 89. Have you often taken aspirin or pain medicine in the past year? | Yes ___ | No ___ |

You may write additional comments below:

Reviewed by physician: _____

Date: _____