

Date: _____

CHRONIC ILLNESS SURVEY FORM

For Use in IRB Approved Clinical Studies

Each Patient Must Fill Out This Form--Check Those That Apply

NAME: _____ DOB: _____ RACE: White ____ Black ____ Latino ____ Asian ____ Other _____

ADDRESS: _____ HOME PH: _____

IF FAMILY MEMBER: Wife ____ Husband ____ Child ____ Other Relative _____ WORK PH: _____

PERSONAL INFORMATION: Male ____ Female ____ Smoker ____ Smokeless Tobacco ____ Date Quit Smoking: _____ Alcohol ____

EXPOSURE DATA: PREVIOUS LOCATIONS: UNIT/COMPANY:

Dates: _____ to _____

Dates: _____ to _____

Dates: _____ to _____

Dates: _____ to _____

RECENT/PRESENT WORK: _____ LOCATION: _____ ZIP CODE: _____

DID EITHER PARENT EXPERIENCE ALLERGIES: YES ____ NO ____ Both ____ CHEMICAL SENSITIVITIES: YES ____ NO ____ Both ____

FIRST ONSET OF ILLNESS? Date _____ SECOND ONSET? Date _____ THIRD ONSET? Date _____

INSTRUCTIONS: OF THE FOLLOWING SYMPTOMS, CHECK THOSE THAT APPLY, EVEN IF THEY OCCURRED INTERMITTENTLY. THE FIRST SCALE IS FOR SYMPTOMS BEFORE THE FIRST EPISODE OF ILLNESS. THE SECOND SCALE IS FOR SYMPTOMS AFTER THE FIRST ONSET OF ILLNESS. THE THIRD SCALE IS FOR SYMPTOMS EXPERIENCED AT THE TIME (WITHIN ONE WEEK) WHEN BLOOD WAS DRAWN FOR ANALYSIS. IF YOU FEEL THAT ANY QUESTION IS NOT APPROPRIATE, YOU MAY CROSS IT OUT AND CONTINUE TO FILL OUT THE QUESTIONNAIRE.

Heart Palpitations

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Chest Pain

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Skipped or Extra Heartbeats

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Racing Pulse

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Chest Pressure (Like a giant rubber band around your chest)

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Nasal Congestion or Stiffness

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Nasal Mucus Discharge

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Sinus Pain

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Sore Throat

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Unable to Breathe Deeply

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Wheezing, at Rest [], or with Exertion [] (Check one or both)

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Shortness of Breath, at Rest [], or with Exertion []

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Coughing Frequently

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Coughing up Thick Saliva or Phlegm

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Frequent Clearing of Throat

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Excessive Sneezing

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Loss of Interest or Enthusiasm

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Suicidal Thoughts

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Depression

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Nightmares

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Unrefreshed Sleep

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Irritable

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Mood Swings

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Chronic Fatigue, Excessive Tiredness

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Night Sweats

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Intermittent Fever at Night

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Hair Loss

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Abnormal Change of Hair Color

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Skin Rashes

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Reddening or Flushing of Skin

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Skin Itching

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Cracking, Peeling of Skin

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Cuts & Wounds Slow to Heal

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

White Itchy-Scale Between Toes

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Unusual Skin Rashes

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Yellowing Color of Skin

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Skin Sunburn-like Sensation

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Wart-like Growths on Skin

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Genital Itch

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Itchy Scalp

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Difficulty Swallowing

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Stomach Cramps

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Stomach Pain

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Vomiting

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Regurgitate (Throwing Up) Food

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Bleeding gums

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Dental Abscesses

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Increased Salivation

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Blurred Vision

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Double or Wavy Vision

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Problems with Eyeglasses Prescription

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Deteriorated Night Vision

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Increased Visual Sensitivity to Light

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Black Spots or Floaters in Eyes

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Bothersome Eye Twitching

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Dry Eyes

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Itchy Eyes

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Watery Eyes

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Headaches

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Short-Term Memory Loss

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Problems Thinking and Concentrating, Focusing

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Deteriorated Penmanship

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Lightheadedness

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Poor Balance or Unsteadiness

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Dizziness/Vertigo

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Ringing in Ears/Tinnitus

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Hearing Loss

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Stuttering or Stammering

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Difficulty Finding Words

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Numbness of Lips

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Drooling

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Reduced Sense of Smell

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Dry "Cotton" Mouth

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Change in, or Lack of Taste

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Less Capacity for Alcohol

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Swollen Glands (neck, armpits, groin)

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Toenail or Foot Fungus

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Weak Voice or Hoarseness

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Excessive Thirst

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Loss of Sexual Libido (sex drive)

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Swollen Abdomen

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Reduced Joint Mobility

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Joint Pain or Discomfort

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Muscle Spasms or Cramps

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Aching or Burning Muscles

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Numb Hands

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Tingling Hands

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Other Loss of Strength/Endurance

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Other Numbness or Tingling (Paresthesia)

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Trembling, Shaking, or Twitching

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Swelling of Ankles

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Swelling of Body

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Black & Blue Bruising More Easily

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Aching Joints

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Pain in Lower Back

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Pain in Neck

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Excessive Hunger

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Loss of Interest in Food

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Difficulty Sleeping (insomnia)

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Difficulty Waking Up

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Sensitivity to Cold (easily chilled)

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Teeth Easily Chilled by Cold Foods

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Teeth Loose

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Frequent infections (specify) _____

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Frequent Colds or Flu

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

White Coated Tongue

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Mouth Sores

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Lip Sores

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Increase in Allergic Sensitivities

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Bothered by Diesel or Gasoline Exhaust or Fumes

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

Bothered by Cigarettes, Smoke

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

(WOMEN) Frequent Yeast Infections

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

(WOMEN) Irregular Menstrual Periods

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

(WOMEN) Worse PMS

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

(WOMEN) Worse Menstrual Cramps

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

(WOMEN) Cervical Pain

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

(WOMEN) Endometriosis

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

(MEN) Sexual Impotence

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

(MEN) Aching or Swollen Testicles

	None	Mild	Moderate	Severe	Extreme	Frequency Times/Week						
Prior to Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
After Onset of Illness	0	1	2	3	4	5	6	7	8	9	10	
Within the last week	0	1	2	3	4	5	6	7	8	9	10	

OTHER SIGNS/SYMPTOMS: _____

WHAT DO YOU THINK IS THE CAUSE OF YOUR CONDITION? _____

RANK ORDER OF MOST IMPORTANT SYMPTOMS:

LABORATORY TESTS:

Prior to Onset of Illness
 ↓ **At any time After Onset of Illness**
 ↓ ↓ **Not Applicable**
 ↓ ↓ ↓

Elevated cholesterol

High blood pressure

Low blood pressure

Large weight loss (_____ lbs.)

Large weight gain (_____ lbs.)

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

VACCINATIONS / OTHER EXPOSURES:

Prior to Onset of Illness
 ↓ **At any time After Onset of Illness**
 ↓ ↓ **Not Applicable**
 ↓ ↓ ↓

Polio Vaccination (Date _____)

DPT Vaccination (Date _____)

Other Vaccination (Date _____)

Other Vaccination (type _____ Date _____)

Other Vaccination (type _____ Date _____)

SMOG or air pollution

Gasoline or Diesel fuel/fumes (within 100 meters/yards []; within 1 meter/yard []; direct contact [])

Oil fire or smoke (within 100 meters/yards []; within 1 meter/yard []; direct contact [])

- Pesticide exposure (within 100 meters/yards []; within 1 meter/yard []; direct contact [])
- Herbicide exposure (within 100 meters/yards []; within 1 meter/yard []; direct contact [])
- Hair Salon exposure (within 100 meters/yards []; within 1 meter/yard []; direct contact [])
- New Office Buildings (within 100 meters/yards []; within 1 meter/yard []; direct contact [])
- Carpeting or curtains (within 1 meter/yard []; direct contact [])
- Organic Chemicals, Glues, Paints (within 100 meters/yards []; within 1 meter/yard []; direct contact [])
- Cosmetics, Perfumes, Hair Sprays, Nail Polish (within 1 meter/yard []; direct contact [])
- Sewage pools (within 100 meters []; within 1 meter []; direct contact [])
- Insects (within 100 meters []; within 1 meter []; direct contact [])

PREVIOUS DIAGNOSES FOR SIGNS AND SYMPTOMS OF PRESENT ILLNESS:

TREATMENTS FOR ANY SYMPTOMS OR ILLNESS BEFORE ONSET OF PRESENT ILLNESS:

TREATMENTS FOR SYMPTOMS OF ILLNESS AFTER ONSET OF PRESENT ILLNESS:

THE ABOVE INFORMATION WILL ONLY BE USED TO COMPARE SIGNS AND SYMPTOMS WITH INFECTIOUS AGENTS FOUND IN BLOOD TESTS. YOUR IDENTITY AND YOUR TEST RESULTS WILL BE KEPT CONFIDENTIAL AND WILL NOT BE RELEASED TO ANY INSURANCE COMPANY, EMPLOYER, LOCAL, STATE OR FEDERAL GOVERNMENT AGENCY IN ANY FORM THAT COULD COMPROMISE PATIENT CONFIDENTIALITY WITHOUT YOUR WRITTEN APPROVAL.

PLEASE DIRECT ANY QUESTIONS TO AND SEND YOUR SURVEY FORM TO THE ADDRESS BELOW:

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