



ANTIOXIDANT/MULTIVITAMIN DEFICIENCY QUESTIONNAIRE

Patient Name _____	Phone _____
DOB _____ Age _____ Weight _____	Work Phone _____
Address _____	Physician _____
City, State, Zip _____	Physician Phone _____

Pharmacy Name _____ Life-Span Counselor _____

INSTRUCTIONS: Check the severity of symptom to indicate *Mild/Occasionally*, *Moderate/Regularly* or *Severe/Frequently*. If the symptom is not applicable, write *N/A*.

<i>Symptom</i>	<i>Mild/Occasionally</i>	<i>Moderate/Regularly</i>	<i>Severe/Frequently</i>		<i>Describe, including how long symptom has occurred (If applicable)</i>
Abnormal thirst					
Angers easily					
Asthma					
Bedwetting					
Blurred vision					
Bronchitis					
Can't fall asleep					
Chest pain with moderate exertion (walking 3-5 minutes at a steady pace)					
Coldness in right or left side					
Constant headaches					
Constipation					
Crave coffee					
Cystitis					
Diabetes or sugar in the urine					
Diarrhea					
Difficult urination					
Discharges, any type in males					
Double vision					
Enlarged thyroid					
Flushing of skin					
Foot drop					
Forgetful					
Frightened					
Have visions					
Hear voices					
Heart arrhythmia (skips beats, irregular)					

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Symptom	Mild/Occasionally	Moderate/Regularly	Severe/Frequently	Describe, including how long symptom has occurred (If applicable)
Heavy menstrual flow				
Hyperactive				
Indigestion (heartburn, bloating, gas)				
Irregular periods				
Irritable in a.m.				
Irritable in p.m.				
Joint swelling				
Kidney stones				
Leg cramps with menses				
Legs cramp when resting				
Loss of appetite				
Migraines				
Mood swings				
Morning stiffness				
Mucus in stool				
Muscle pain				
Numbness in fingers				
Often depressed				
Overpowering sleepiness/sleeping				
Pain in left or right shoulder				
Painful urination				
Pneumonia				
Poor concentration				
Poor concentration, as if intoxicated				
Prostate problems				
Rage				
Rapid heart beat				
Rectal bleeding				
Restless legs				
Scant menstrual flow				
Significant increase in appetite				
Startled by sudden noises				
Tics				
Tingling				
Tongue sore & raw				
Usually feel keyed up/jittery				
Wakes often				
Weakness in a.m.				
Weakness in p.m.				
Workaholic				