



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				