

Check only if you have relatives who have/had these problems:

	Mother	Father	Grandparents	Uncles	Siblings
71	Angina, infarction				
72	Other heart diseases				
73	Sudden death				
74	Asthma, bronchitis				
75	Cancer				
76	High blood pressure				
77	Stroke				
78	Diabetes				
79	Cholesterol, triglycerides				
80	Uric acid or gout				
81	Gallstones				
82	Kidney stone				
83	Hepatitis				
84	Cirrhosis				
85	Tuberculosis				
86	Glaucoma				
87	Thyroid disease				
88	Varicose veins				

For women:

- 89 () Presence of breast lump
- 90 () Nipple discharge
- 91 () Disease of the ovaries, uterus, genitals
- 92 () Loss of urine on effort
- 93 () Pain during sexual intercourse
- 94 () First period after 15 years old
- 95 () Weakness, tension or discomfort during menstruation
- 96 () Irregular periods
- 97 () Painful periods
- 98 () Bleeding outside the menstrual period
- 99 () First pregnancy after 25 years old
- 100 () Pregnancy complication
- 101 () Abortion
- 102 () Premature birth
- 103 () Operative delivery (cesarean section)
- 104 () Last period over one year ago
- 105 () Hot flashes and sweating

Campo Belo Facility

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cod. 217128

Signs and Symptoms Questionnaire



Personal Data

Name _____

Date of Birth _____ Sex _____

Marital Status _____ ID Number _____

Taxpayer Registration Number (CPF) _____

Address _____

City _____

District _____ State _____

ZIP Code _____

Phone Number _____

E-mail address _____

Nationality _____

Occupation _____ Position _____

Company _____

1. Smoker? No () Yes ()

For _____ years

() () ()
cigarette / day pipe / day cigar / day

2. Have you quit smoking?

() years ago Smoked during () years

3. Do you drink alcoholic beverages?

- () no
() daily
() on the weekends
() three times a week

4. Do you do any sports/physical activities?

- () no
() once a week
() twice a week
() three times a week or more

Wich ones? _____

5. Have you undergone surgery(ies)? Which one(s)?

6. Do you often use medications? Which one(s)?

Check the problems that you have or have had:

- 7 () Anemia
8 () Bleeding
9 () Rheumatic fever
10 () Diabetes
11 () Tuberculosis
12 () Bronchitis
13 () Allergy
14 () Uric gout
15 () Inguinal/umbilical hernia
16 () Thyroid disease
17 () Nephritis
18 () Kidney stone/Renal colic
19 () Glaucoma
20 () Cataracts
21 () Hepatitis
22 () Recent weight loss for no reason
23 () Skin, nails, hair disorder
24 () Progressive loss of vision
25 () Eye pain
26 () Relative with hearing problems
27 () Vertigo and dizziness
28 () Hearing loss, tinnitus
29 () Sneezing, blocked nose, nasal secretion
30 () Smell dysfunction
31 () Sore throat
32 () Bad breath
33 () Choking, hoarseness
34 () High blood pressure
35 () Chest pain (caused by effort, emotions)
36 () Increased heart rate for no reason
37 () Varicose veins
38 () Cramps
39 () Pain in the legs when walking
40 () Very thirsty, high fluid intake
- 41 () Loss of appetite
42 () Sickness, nausea, vomiting
43 () Difficulty swallowing
44 () Frequent heartburn
45 () You feel "stuffed" after eating
46 () Frequent diarrhea
47 () Diarrhea with black or bloody stools
48 () No evacuation for several days
49 () Hemorrhoids
50 () Abdominal cramps
51 () Liver or gallbladder disease
52 () Joint pain, inflammation or swelling
53 () Sexually transmitted disease
54 () Urine with blood or pus
55 () Difficulty starting to urinate
56 () Slow emptying of the bladder
57 () Wakes up every night to urinate
58 () Pain, stinging or burning while urinating
59 () Sexual problem
60 () Frequent headache
61 () Fainting, seizures or sudden illness
62 () Neurological disease
63 () Insomnia
64 () Frequent irritation
65 () Nervousness
66 () Anxiety
67 () Depression
68 () Excessive sleepiness
69 () Paralysis
- 70 **Other diseases:**
- _____
- _____
- _____