

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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 Phone (appointments): (11) 3549-1000
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Signs and Symptoms Questionnaire



cod. 217128

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:

