BodyLogicMD®
Hormone Therapy | Integrative Medicine

CIRS Symptom Survey

Name _____ **Date** _____

Check all symptoms you have:

- ☐ Fatigue
- ☐ Weakness
- ☐ Joint achiness
- ☐ Headaches
- ☐ Light sensitivity
- ☐ Decreased learning of new knowledge
- ☐ Joint pain
- ☐ Morning stiffness
- ☐ Muscle cramps
- ☐ Unusual skin sensations
- ☐ Tingling
- ☐ Shortness of breath
- ☐ Sinus congestion
- ☐ Cough
- ☐ Thirst
- ☐ Confusion
- ☐ Appetite swings
- ☐ Difficulty regulating body temperature
- ☐ Urinary frequency
- ☐ Red eyes
- ☐ Blurry vision
- ☐ Night sweats
- ☐ Mood swings
- ☐ Icepick pains
- ☐ Abdominal pain
- ☐ Diarrhea
- ☐ Numbness
- ☐ Tearing
- ☐ Disorientation
- ☐ Metallic taste
- ☐ Static shocks
- ☐ Vertigo
- ☐ Difficulty concentrating
- ☐ Memory impairment
- ☐ Trouble with word finding