

CIRS Review of Symptoms ~ Initial

Please read through the following symptoms and indicate if you experience the symptom, and if you do, how severe it is. (Mild = occasionally, the symptom is a bother; Moderate = regular (several times a week), symptom impacts your life; Severe = continuous or severe enough to interfere with daily life/work

Symptom	Present	Mild	Moderate	Severe	Notes
Fatigue					
Memory problems					
Problems finding words					
Weakness					
Achiness					
Headaches					
Problems learning new information					
Light sensitivity					
Concentration problems					
Joint pain					
Morning stiffness					
Muscle cramps					
Unusual skin sensations					
Tingling					
Shortness of breath					
Sinus congestion or nasal drainage					
Cough					
Increased thirst					
Confusion					
Appetite swings					
Body temperature dysregulation					
Urinary frequency or urgency					
Red eyes					
Blurred vision					
Sweating (especially at night)					
Mood swings					
Unusual pain (especially sharp, stabs)					
Abdominal tenderness or pain					
Diarrhea or loose stools					
Numbness					
Eyes tearing up					
Disorientation					
Metallic taste					
Vertigo					
Static electricity/shocks					
Totals					

___ Clusters; ___ Symptoms; ___ Severity score

Name: _____ PID: _____ DOB: _____ Date: _____