

In the PAST 7 DAYS,
I suffered from the following complaints:

| <u>Yes</u> | <u>No</u> | | <u>Yes</u> | <u>No</u> | |
|-----------------------|-----------------------|--|-------------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 21. Discharge of fluids from anus | <input type="radio"/> | <input type="radio"/> | 41. Unpleasant numbness or tingling sensations |
| <input type="radio"/> | <input type="radio"/> | 22. Frequent urination | <input type="radio"/> | <input type="radio"/> | 42. Double vision |
| <input type="radio"/> | <input type="radio"/> | 23. Frequent bowel movements | <input type="radio"/> | <input type="radio"/> | 43. Blindness |
| <input type="radio"/> | <input type="radio"/> | 24. Strong heart pounding | <input type="radio"/> | <input type="radio"/> | 44. Deafness |
| <input type="radio"/> | <input type="radio"/> | 25. Discomfort in the area around the heart | <input type="radio"/> | <input type="radio"/> | 45. Seizures |
| <input type="radio"/> | <input type="radio"/> | 26. Sweating (hot or cold) | <input type="radio"/> | <input type="radio"/> | 46. Amnesia (loss of memory) |
| <input type="radio"/> | <input type="radio"/> | 27. Flushing or blushing | <input type="radio"/> | <input type="radio"/> | 47. Loss of consciousness |
| <input type="radio"/> | <input type="radio"/> | 28. Shortness of breath (without exertion) | <u>FOR WOMEN</u> | | |
| <input type="radio"/> | <input type="radio"/> | 29. Painful breathing or hyperventilation | <input type="radio"/> | <input type="radio"/> | 48. Painful menstruation |
| <input type="radio"/> | <input type="radio"/> | 30. Excessive tiredness with or without mild exertion | <input type="radio"/> | <input type="radio"/> | 49. Irregular menstruation |
| <input type="radio"/> | <input type="radio"/> | 31. Blotchiness or discoloration of the skin | <input type="radio"/> | <input type="radio"/> | 50. Excessive menstrual bleeding |
| <input type="radio"/> | <input type="radio"/> | 32. Loss of sexual desire or interest (loss of libido) | <input type="radio"/> | <input type="radio"/> | 51. Frequent vomiting during pregnancy |
| <input type="radio"/> | <input type="radio"/> | 33. Unpleasant sensations in or around the genitals | <input type="radio"/> | <input type="radio"/> | 52. Unusual or heavy vaginal discharge |
| <input type="radio"/> | <input type="radio"/> | 34. Impaired coordination or balance | <u>FOR MEN</u> | | |
| <input type="radio"/> | <input type="radio"/> | 35. Paralysis or localized weakness | <input type="radio"/> | <input type="radio"/> | 53. Difficulty maintaining an erection or ejaculating |
| <input type="radio"/> | <input type="radio"/> | 36. Difficulty swallowing or lump in throat | | | |
| <input type="radio"/> | <input type="radio"/> | 37. Aphonia (loss of voice) | | | |
| <input type="radio"/> | <input type="radio"/> | 38. Urinary retention | | | |
| <input type="radio"/> | <input type="radio"/> | 39. Hallucinations | | | |
| <input type="radio"/> | <input type="radio"/> | 40. Loss of touch or pain sensation | | | |