

## General Complaints


### Concept

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### Items

- 526 - Have you had cold or Flu-like symptoms such as sore throat, runny nose, or cough in the last two weeks?
- 527 - Have you had fever in the last two weeks?
- 528 - Have you had night sweats in the last two weeks?
- 529 - Have you had nausea or vomiting or diarrhea in the last two weeks?
- 530 - Have you had blood in stool (feces) or in urine in the last two weeks?
- 531 - Have you had frequent urination in the last two weeks?
- 532 - Have you had skin rash or abscess in the last two weeks?
- 533 - Have you had none of the above illnesses/injuries [H4ID10A-H4ID10G] in the last four weeks?
- 535 - How long have you been bothered by this ringing, roaring, or buzzing in your ears or head?
- 536 - In the past 12 months, how often have you had this ringing, roaring, or buzzing in your ears or head?
- 537 - In the past 12 months, have you had any problem with your voice?
- 538 - In the past 12 months, how often has your voice been hoarse, raspy, or breathy?
- 539 - In the past 12 months, how often have you had difficulty being heard or trouble projecting your voice?
- 540 - How often have you had a headache?
- 541 - In the past 12 months, how often have you felt hot all over suddenly, for no reason?
- 542 - How often have you had a stomachache or upset stomach?
- 543 - During the past 12 months, how often have you had cold sweats?
- 544 - During the past 12 months, how often have you felt physically weak for no reason?
- 545 - During the past 12 months, how often have you had a sore throat or cough?
- 546 - During the past 12 months, how often have you felt very tired for no reason?
- 547 - During the past 12 months, how often have you had painful or very frequent urination?
- 548 - How often have you felt really sick?
- 549 - How often have you woken up feeling tired?
- 550 - How often have you had skin problems, such as itching or pimples?
- 551 - How often have you been dizzy?
- 552 - How often have you had chest pains?
- 553 - How often have you had aches, pains, or soreness in your muscles or joints?
- 554 - How often have you had a poor appetite?
- 2204 - How often have you been moody?
- 2205 - How often have you felt fearful?
- 2233 - How often have you had trouble relaxing?
- 5531 - On most days, do you cough?
- 5532 - On most days, do you bring up phlegm from your chest?
- 5533 - On most days, do you sound wheezy?

- 5534 - Have you ever had chest pain when walking uphill or upstairs that is relieved by rest?
- 5535 - Have you ever had calf pain when walking uphill or upstairs that is relieved by rest?
- 5536 - Have you ever had shortness of breath when walking uphill or upstairs that is relieved by rest?
- 5537 - Have you ever needed to sleep on two or more pillows to help you breathe?
- 5538 - Have you ever been awakened at night by trouble breathing?
- 5539 - Have you ever had swelling in your feet or ankles? [female: except during pregnancy]
- 5540 - Have you ever felt your heart racing, fluttering, or skipping beats?
- 5541 - Have you ever had five or more headaches that were at least 4 hours long; one-sided, pulsating, intense, or worsened by activity; and associated with nausea, vomiting or sensitivity to light or sound
- 5545 - Based on what you have noticed or what others have told you, how often do you snore now?
- 5546 - Based on what you have noticed or what others have told you, how often do you have times when you stop breathing during your sleep?
- 6098 - In the past 12 months, how many times have you fallen? By fallen, we mean unexpectedly or unintentionally dropping to a lower surface - the floor or ground - from a standing, walking or bending position.
- 6107 - Have you ever had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, unsteadiness or imbalance? (Do not include times when drinking alcohol or using other drugs or medications)
- 6108 - For each of the following, indicate whether or not you have had a problem with any of these symptoms when not drinking or using other drugs, in the past 12 months. (A spinning sensation, vertigo, or other movement sensation when you are not really moving)
- 6109 - For each of the following, indicate whether or not you have had a problem with any of these symptoms when not drinking or using other drugs, in the past 12 months. (A floating, spacey, or tilting sensation)
- 6110 - For each of the following, indicate whether or not you have had a problem with any of these symptoms when not drinking or using other drugs, in the past 12 months. (Feeling lightheaded, without a sense of motion)
- 6111 - For each of the following, indicate whether or not you have had a problem with any of these symptoms when not drinking or using other drugs, in the past 12 months. (Feeling as if you are going to pass out or faint)
- 6112 - For each of the following, indicate whether or not you have had a problem with any of these symptoms when not drinking or using other drugs, in the past 12 months. (Blurring of your vision when you move your head)
- 6113 - For each of the following, indicate whether or not you have had a problem with any of these symptoms when not drinking or using other drugs, in the past 12 months. (Feeling off-balance or unsteady)
- 6114 - For each of the following, indicate whether or not you have had a problem with any of these symptoms when not drinking or using other drugs, in the past 12 months. (Some other more general dizziness/balance feeling (don't include nausea or vomiting))
- 6115 - During the past 12 months, which one of the symptoms or feelings of dizziness or balance problems listed below has bothered you the most?
- 6116 - During the past 12 months, how often did you have this most bothersome or only symptom?
- 6117 - For this most bothersome or only symptom, how long from beginning to end did each occurrence (episode, bout or attack) usually last?

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 6108 - For each of the following, indicate whether or not you have had a problem with any of these symptoms when not drinking or using other drugs, in the past 12 months. (A spinning sensation, vertigo, or other movement sensation when you are not really moving)


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