

Hong Kong Surgery Personal Health Check Questionnaire

Name: _____ DOB _____

Please tick if you have any of these symptoms;

- Low energy
- Poor appetite
- Poor sleep
- Unintentional weight loss
- Chest pain
- Palpitations
- Dizziness
- Faintness
- Cough
- Wheeze
- Shortness of breath
- Cough up blood
- Difficulty swallowing
- Feeling of food sticking going down
- Abdomen pain
- Change in bowel habit
- Bleeding from the bowel
- Difficulty starting or stopping urine stream
- Getting up to pass urine at night more than once
- Headaches
- Eyesight problems
- Hearing problems
- Tingling fingers or toes
- Weakness in arms or legs
- Neck, back pain, other joint pains
- Skin problems
- Skin lesions causing concern
- Mood instability