

Initial Symptom Survey

Date: March to June 2020

Patient Name: Male in 50s

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INSTRUCTIONS: Score every symptom based on your experience **OVER THE PAST MONTH.** Using the SCALE OF SYMPTOM POINTS listed below, FILL IN the appropriate score in the corresponding field for EVERY symptom listed. Note score in the boxes to the left of symptoms. Also note the number of missed work days in the last month due to illness.

SCALE OF SYMPTOM POINTS

IF you did not suffer from the symptom ever or almost never, leave it blank.

1 = OCCASIONALLY (less than 2 times per week), and symptom was MILD

2 = FREQUENTLY (2 or more times per week), and symptom was MILD

3 = OCCASIONALLY (less than 2 times per week), and symptom was SEVERE

4 = FREQUENTLY (2 or more times per week), and symptom was SEVERE

Grand Total: # Missed Work Days

19 → 3

CONSTITUTIONAL	NASAL/SINUS	MUSCULOSKELETAL
1 Fatigue (sluggish, tired)	1 Post nasal drip	2 Joint pains
Hyperactive (nervous energy)	Sinus pain	Stiff joints
Restless (can't relax/sit still)	Runny nose	2 Muscle aches
Daytime sleepiness	1 Stuffy nose	Stiff muscles
1 Insomnia at night 1	Sneezing	Ticks (facial or otherwise)
Malaise (feeling lousy)	2 TOTAL (0-20)	Muscle spasms
Seizures	MOUTH/THROAT	1 Muscle cramps
2 TOTAL (0-28)	Sore throat	5 TOTAL (0-28)
EMOTIONAL/MENTAL	Swollen throat	CARDIOVASCULAR
Depression	Swelling/burning lips/tongue	Irregular heartbeat
1 Anxiety (fears, uneasiness)	Gagging/throat clearing	High blood pressure
Mood swings (rapid changes)	Canker sores	TOTAL (0-8)
Irritability	Difficulty swallowing	DIGESTIVE
Forgetfulness	2 TOTAL (0-24)	Heartburn/reflux
Lack of concentration/Brain fog	LUNGS	Stomach pains/cramps
1 Low sex drive	Wheezing	Intestinal pains/cramps
1 TOTAL (0-28)	Chest congestion	Constipation
HEAD/EARS	Dry cough	Diarrhea
Headache (not migraine)	Wet cough	Bloating sensation
Migraine	Shortness of breath	2 Gas (of any kind) 2
Earache	2 TOTAL (0-20)	Nausea
Ear infection	EYES	Vomiting
Ringling in ears	Red or swollen eyes	Painful elimination
Itchy ears	Watery eyes	2 TOTAL (0-40)
Discharge from ears	1 Itchy eyes	WEIGHT MANAGEMENT
Sensitivity to sound	1 Dark circles or "bags"	Current weight: <u>LOST 11 #</u>
TOTAL (0-32)	Sensitivity to light	2 Fluctuating weight
SKIN	Aura	Food cravings
Blemishes, acne	2 TOTAL (0-24)	Water retention
Rashes or hives	GENITOURINARY	Binge eating or drinking
Eczema or psoriasis	Increased urinary frequency	Purging (all methods)
"Rosy" cheeks	Painful urination	2 TOTAL (0-20)
Flushing	Bladder pain	LIST OTHER SYMPTOMS:
1 Itchy skin	Bedwetting	2 Congestion
1 TOTAL (0-24)	2 TOTAL (0-16)	+ high cholesterol