

Initial Symptom Survey

Date: Full LEAP!

Patient Name: Female 40s

Dietitian: Lila Ojeda, MS, RDN, CSCS, CLT

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

112 → 22

CONSTITUTIONAL	
4	Fatigue (sluggish, tired)
	Hyperactive (nervous energy)
	Restless (can't relax/sit still)
4	Daytime sleepiness
4	Insomnia at night 2
	Malaise (feeling lousy)
	Seizures
12	TOTAL (0-28)
EMOTIONAL/MENTAL	
2	Depression
2	Anxiety (fears, uneasiness) 1
4	Mood swings (rapid changes)
4	Irritability 1
4	Forgetfulness
4	Lack of concentration/Brain fog
2	Low sex drive
22	TOTAL (0-28)
HEAD/EARS	
1	Headache (not migraine)
	Migraine
	Earache
	Ear infection
1	Ringing in ears
	Itchy ears
	Discharge from ears
1	Sensitivity to sound
3	TOTAL (0-32)
SKIN	
1	Blemishes, acne
	Rashes or hives
	Eczema or psoriasis
	"Rosy" cheeks
	Flushing
	Itchy skin
1	TOTAL (0-24)

NASAL/SINUS	
2	Post nasal drip
	Sinus pain
2	Runny nose
	Stuffy nose
	Sneezing
4	TOTAL (0-20)
MOUTH/THROAT	
	Sore throat
	Swollen throat
	Swelling/burning lips/tongue
	Gagging/throat clearing
	Canker sores
	Difficulty swallowing
	TOTAL (0-24)
LUNGS	
	Wheezing
	Chest congestion
	Dry cough
	Wet cough
2	Shortness of breath
2	TOTAL (0-20)
EYES	
3	Red or swollen eyes
	Watery eyes
	Itchy eyes
2	Dark circles or "bags" 2
1	Sensitivity to light
	Aura
6	TOTAL (0-24)
GENITOURINARY	
2	Increased urinary frequency
	Painful urination
	Bladder pain
	Bedwetting
2	TOTAL (0-16)

MUSCULOSKELETAL	
4	Joint pains 2
4	Stiff joints
2	Muscle aches
	Stiff muscles
	Ticks (facial or otherwise)
	Muscle spasms
2	Muscle cramps
12	TOTAL (0-28)
CARDIOVASCULAR	
1	Irregular heartbeat
1	High blood pressure
2	TOTAL (0-8)
DIGESTIVE	
	Heartburn/reflux
4	Stomach pains/cramps
4	Intestinal pains/cramps 1
2	Constipation
4	Diarrhea
4	Bloating sensation 2
4	Gas (of any kind) 3
	Nausea
	Vomiting
	Painful elimination
22	TOTAL (0-40)
WEIGHT MANAGEMENT	
	Current weight: <u>Lost 10 #</u>
4	Fluctuating weight 3
4	Food cravings 3
4	Water retention
4	Binge eating or drinking 1
4	Purging (all methods)
20	TOTAL (0-20)
LIST OTHER SYMPTOMS:	
4	dizzy + night sweats