

Initial Symptom Survey

Date: **January 2017** **Client Name:** **Male, 65 years old, symptoms since his 30s.** **Provided by Registered Dietitian:** Lila Ojeda, MS, RDN, CSCS, CLT. **Website:** www.LO-Solutions.com

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	Grand Total:	# Missed Work Days
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	122	n/a

CONSTITUTIONAL	NASAL/SINUS	MUSCULOSKELETAL
4 Fatigue (sluggish, tired)	4 Post nasal drip	2 Joint pains
4 Hyperactive (nervous energy)	Sinus pain	2 Stiff joints
4 Restless (can't relax/sit still)	4 Runny nose	3 Muscle aches
4 Daytime sleepiness	4 Stuffy nose	3 Stiff muscles
2 Insomnia at night	4 Sneezing	Ticks (facial or otherwise)
2 Malaise (feeling lousy)	16 TOTAL (0-20)	4 Muscle spasms
Seizures	MOUTH/THROAT	2 Muscle cramps
20 TOTAL (0-28)	Sore throat	16 TOTAL (0-28)
EMOTIONAL/MENTAL	Swollen throat	CARDIOVASCULAR
Depression	Swelling/burning lips/tongue	2 Irregular heartbeat
2 Anxiety (fears, uneasiness)	2 Gagging/throat clearing	High blood pressure
3 Mood swings (rapid changes)	Canker sores	2 TOTAL (0-8)
4 Irritability	Difficulty swallowing	DIGESTIVE
2 Forgetfulness	2 TOTAL (0-24)	Heartburn/reflux
4 Lack of concentration/Brain fog	LUNGS	2 Stomach pains/cramps
Low sex drive	Wheezing	4 Intestinal pains/cramps
15 TOTAL (0-28)	Chest congestion	2 Constipation
HEAD/EARS	Dry cough	4 Diarrhea
Headache (not migraine)	Wet cough	Bloating sensation
Migraine	Shortness of breath	4 Gas (of any kind)
Earache	TOTAL (0-20)	Nausea
Ear infection	EYES	Vomiting
4 Ringing in ears	Red or swollen eyes	2 Painful elimination
1 Itchy ears	4 Watery eyes	18 TOTAL (0-40)
Discharge from ears	Itchy eyes	WEIGHT MANAGEMENT
Sensitivity to sound	4 Dark circles or "bags"	Current weight:
5 TOTAL (0-32)	4 Sensitivity to light	4 Fluctuating weight
SKIN	2 Aura	2 Food cravings
Blemishes, acne	14 TOTAL (0-24)	Water retention
4 Rashes or hives	GENITOURINARY	Binge eating or drinking
Eczema or psoriasis	2 Increased urinary frequency	Purging (all methods)
"Rosy" cheeks	Painful urination	6 TOTAL (0-20)
Flushing	Bladder pain	LIST OTHER SYMPTOMS:
2 Itchy skin	Bedwetting	
6 TOTAL (0-24)	2 TOTAL (0-16)	