

# Follow-up Symptom Survey

Date: May 2019

Client Name: 60 yr old female

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 WEEK.** Using the SCALE OF SYMPTOM POINTS listed below, FILL IN the appropriate score in box in front of the corresponding field for EVERY symptom listed. Also note the number of missed work days in the last week 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

Before: 91      4 weeks: 2

CONSTITUTIONAL	
<u>3</u>	Fatigue (sluggish, tired)
<u>1</u>	Hyperactive (nervous energy)
<u>1</u>	Restless (can't relax/sit still)
<u>2</u>	Daytime sleepiness
<u>1</u>	Insomnia at night
	Malaise (feeling lousy)
	Seizures
<u>8</u>	TOTAL (0-28)

EMOTIONAL/MENTAL	
<u>1</u>	Depression
<u>1</u>	Anxiety (fears, uneasiness)
<u>3</u>	Mood swings (rapid changes)
<u>3</u>	Irritability
<u>4</u>	Forgetfulness
<u>4</u>	Lack of concentration/Brain fog
<u>4</u>	Low sex drive
<u>20</u>	TOTAL (0-28)

HEAD/EARS	
	Headache (not migraine)
	Migraine
	Earache
	Ear infection
<u>3</u>	Ringling in ears
<u>3</u>	Itchy ears
	Discharge from ears
<u>3</u>	Sensitivity to sound
<u>9</u>	TOTAL (0-32)

SKIN	
	Blemishes, acne
	Rashes or hives
	Eczema or psoriasis
	"Rosy" cheeks
	Flushing
<u>1</u>	Itchy skin
<u>1</u>	TOTAL (0-24)

NASAL/SINUS	
	Post nasal drip
<u>1</u>	Sinus pain
	Runny nose
	Stuffy nose
<u>4</u>	Sneezing
<u>5</u>	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
<u>1</u>	Shortness of breath
<u>1</u>	TOTAL (0-20)

EYES	
	Red or swollen eyes
	Watery eyes
	Itchy eyes
	Dark circles or "bags"
<u>1</u>	Sensitivity to light
	Aura
<u>1</u>	TOTAL (0-24)

GENITOURINARY	
	Increased urinary frequency
	Painful urination
	Bladder pain
	Bedwetting
	TOTAL (0-16)

MUSCULOSKELETAL	
<u>2</u>	Joint pains
<u>2</u>	Stiff joints
<u>2</u>	Muscle aches
	Stiff muscles
	Ticks (facial or otherwise)
	Muscle spasms
<u>3</u>	Muscle cramps
<u>9</u>	TOTAL (0-28)

CARDIOVASCULAR	
<u>1</u>	Irregular heartbeat
	High blood pressure
<u>1</u>	TOTAL (0-8)

DIGESTIVE	
	Heartburn/reflux
<u>3</u>	Stomach pains/cramps
<u>3</u>	Intestinal pains/cramps
<u>3</u>	Constipation
<u>3</u>	Diarrhea
<u>3</u>	Bloating sensation
<u>4</u>	Gas (of any kind)
	Nausea
	Vomiting
	Painful elimination
<u>19</u>	TOTAL (0-40)

WEIGHT MANAGEMENT	
	Current weight: <u>139</u> →
<u>4</u>	Fluctuating weight
<u>4</u>	Food cravings
<u>4</u>	Water retention
<u>4</u>	Binge eating or drinking
	Purging (all methods)
<u>16</u>	TOTAL (0-20)

**LIST OTHER SYMPTOMS:**  
2 Immune