Initial Symptom Survey

Date: May to Oct 2015	Patient Name: Female in 30s	Dietitian: Lila O.

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
62 → 7	

CONSTITUTIONAL

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

EMOTIONAL/MENTAL

Score	Symptom
2	Depression
3	Anxiety (fears, uneasiness)
1	Mood swings (rapid changes)
2	Irritability
	Forgetfulness
	Lack of concentration/Brain fog
3	Low sex drive
11	TOTAL (0-28)

HEAD/EARS

Score	Symptom	
2	Headache (not migraine)	
	Migraine	
1	Earache	
	Ear infection	
	Ringing in ears	
	Itchy ears	
	Discharge from ears	1
1	Sensitivity to sound	
4	TOTAL (0-32)	

SKIN

Score	Symptom
2	Blemishes, acne
2	Rashes or hives
2	Eczema or psoriasis
	"Rosy" cheeks
	Flushing
	Itchy skin
6	TOTAL (0-24)

NASAL/SINUS

Score	Symptom	
	Post nasal drip	
	Sinus pain	
	Runny nose	
1	Stuffy nose	1
	Sneezing	
1	TOTAL (0-20)	

MOUTH/THROAT

Score	Symptom
2	Sore throat
	Swollen throat
	Swelling/burning lips/tongue
	Gagging/throat clearing
	Canker sores
	Difficulty swallowing
2	TOTAL (0-24)

LUNGS

Score	Symptom
	Wheezing
	Chest congestion
	Dry cough
	Wet cough
	Shortness of breath
0	TOTAL (0-20)

EYES

Score	Symptom
	Red or swollen eyes
1	Watery eyes
	Itchy eyes
1	Dark circles or "bags"
2	Sensitivity to light
1	Aura
5	TOTAL (0-24)

GENITOURINARY

Score	Symptom
1	Increased urinary frequency
	Painful urination
	Bladder pain
	Bedwetting
1	TOTAL (0-16)

MUSCULOSKELETAL

Score	Symptom
	Joint pains
	Stiff joints
3	Muscle aches
2	Stiff muscles
	Ticks (facial or otherwise)
	Muscle spasms
1	Muscle cramps
6	TOTAL (0-28)

CARDIOVASCULAR

Score	Symptom
	Irregular heartbeat
	High blood pressure
0	TOTAL (0-8)

DIGESTIVE

Score	Symptom	
	Heartburn/reflux	
	Stomach pains/cramps	
	Intestinal pains/cramps	
1	Constipation	
2	Diarrhea	
2	Bloating sensation	
2	Gas (of any kind)	1
2	Nausea	
	Vomiting	
	Painful elimination	
9	TOTAL (0-40)	

WEIGHT MANAGEMENT

Current weight:

Score	Symptom	
3	Fluctuating weight	
1	Food cravings	
2	Water retention	1
2	Binge eating or drinking	1
1	Purging (all methods)	1
9	TOTAL (0-20)	

LIST OTHER SYMPTOMS: