

Initial Symptom Survey

Date: *March to Oct 2018*

Client Name: *Female mid 20s*

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

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

99 = Before
15 = After MRT LEAP
micronutrient

CONSTITUTIONAL	
4	Fatigue (sluggish, tired) 2
3	Hyperactive (nervous energy) 1
2	Restless (can't relax/sit still) 1
4	Daytime sleepiness 1
1	Insomnia at night
2	Malaise (feeling lousy)
	Seizures
(16)	TOTAL (0-28) (5)
EMOTIONAL/MENTAL	
1	Depression 2
4	Anxiety (fears, uneasiness) 1
3	Mood swings (rapid changes) 1
2	Irritability 1
4	Forgetfulness
4	Lack of concentration/Brain fog
4	Low sex drive
(22)	TOTAL (0-28) (5)
HEAD/EARS	
1	Headache (not migraine)
	Migraine
	Earache
	Ear infection
1	Ringing in ears
	Itchy ears
	Discharge from ears
4	Sensitivity to sound 1
(6)	TOTAL (0-32) (1)
SKIN	
	Blemishes, acne
2	Rashes or hives
2	Eczema or psoriasis
	"Rosy" cheeks
	Flushing
2	Itchy skin
(6)	TOTAL (0-24)

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

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