

# Initial Symptom Survey

Date: In 2 weeks

Patient Name: female age 39

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

129 → 42

CONSTITUTIONAL		NASAL/SINUS		MUSCULOSKELETAL	
4	Fatigue (sluggish, tired) 1	1	Post nasal drip	1	Joint pains
2	Hyperactive (nervous energy) 1	1	Sinus pain	1	Stiff joints
1	Restless (can't relax/sit still)	1	Runny nose	2	Muscle aches 1
1	Daytime sleepiness	1	Stuffy nose	2	Stiff muscles
4	Insomnia at night 2	4	Sneezing 1		Ticks (facial or otherwise)
2	Malaise (feeling lousy)	8	TOTAL (0-20) 1	1	Muscle spasms 1
	Seizures			1	Muscle cramps
14	TOTAL (0-28) 4			8	TOTAL (0-28) 2
EMOTIONAL/MENTAL		MOUTH/THROAT		CARDIOVASCULAR	
1	Depression 1	1	Sore throat		Irregular heartbeat
2	Anxiety (fears, uneasiness) 1		Swollen throat		High blood pressure
3	Mood swings (rapid changes) 1		Swelling/burning lips/tongue		TOTAL (0-8)
3	Irritability 1		Gagging/throat clearing		
2	Forgetfulness	2	Canker sores		
2	Lack of concentration/Brain fog		Difficulty swallowing		
2	Low sex drive	2	TOTAL (0-24)		
15	TOTAL (0-28) 4			DIGESTIVE	
HEAD/EARS		LUNGS		1	Heartburn/reflux
2	Headache (not migraine) 1		Wheezing	2	Stomach pains/cramps 1
4	Migraine 1	1	Chest congestion	3	Intestinal pains/cramps
	Earache	2	Dry cough 1	2	Constipation
	Ear infection	2	Wet cough	4	Diarrhea 1
2	Ringing in ears 1	3	Shortness of breath 1	3	Bloating sensation
2	Itchy ears 1	3	TOTAL (0-20) 1	3	Gas (of any kind)
	Discharge from ears			3	Nausea 1
4	Sensitivity to sound 1	EYES			Vomiting
14	TOTAL (0-32) 5		Red or swollen eyes	1	Painful elimination 1
SKIN		3	Watery eyes	19	TOTAL (0-40) 4
1	Blemishes, acne 1	4	Itchy eyes 1		
1	Rashes or hives	4	Dark circles or "bags" 4	WEIGHT MANAGEMENT	
1	Eczema or psoriasis	4	Sensitivity to light 3	Current weight: <u>Lost 5#</u>	
	"Rosy" cheeks	4	Aura	2	Fluctuating weight 1
1	Flushing	19	TOTAL (0-24) 8	3	Food cravings 2
2	Itchy skin 1	GENITOURINARY		3	Water retention
6	TOTAL (0-24) 2	4	Increased urinary frequency 4	3	Binge eating or drinking
			Painful urination 1	3	Purging (all methods)
		4	Bladder pain	14	TOTAL (0-20) 3
			Bedwetting	LIST OTHER SYMPTOMS:	
		4	TOTAL (0-16) 5	2-4	<u>Sensitive smells 2-4</u>