

Initial Symptom Survey

Date: Full LEAP Patient Name: Male 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
13 →	0-4

<p>CONSTITUTIONAL</p> <p>2 Fatigue (sluggish, tired)</p> <p>Hyperactive (nervous energy)</p> <p>1 Restless (can't relax/sit still)</p> <p>Daytime sleepiness</p> <p>1 Insomnia at night</p> <p>1 Malaise (feeling lousy)</p> <p>Seizures</p> <p>5 TOTAL (0-28)</p> <p>EMOTIONAL/MENTAL</p> <p>2 Depression</p> <p>2 Anxiety (fears, uneasiness)</p> <p>Mood swings (rapid changes)</p> <p>Irritability</p> <p>Forgetfulness</p> <p>2 Lack of concentration/Brain fog</p> <p>Low sex drive</p> <p>6 TOTAL (0-28)</p> <p>HEAD/EARS</p> <p>Headache (not migraine)</p> <p>Migraine</p> <p>Earache</p> <p>Ear infection</p> <p> ringing in ears</p> <p>Itchy ears</p> <p>Discharge from ears</p> <p>Sensitivity to sound</p> <p>TOTAL (0-32)</p> <p>SKIN</p> <p>Blemishes, acne</p> <p>Rashes or hives</p> <p>Eczema or psoriasis</p> <p>"Rosy" cheeks</p> <p>Flushing</p> <p>Itchy skin</p> <p>TOTAL (0-24)</p>	<p>NASAL/SINUS</p> <p>Post nasal drip</p> <p>Sinus pain</p> <p>Runny nose</p> <p>Stuffy nose</p> <p>Sneezing</p> <p>TOTAL (0-20)</p> <p>MOUTH/THROAT</p> <p>Sore throat</p> <p>Swollen throat</p> <p>Swelling/burning lips/tongue</p> <p>Gagging/throat clearing</p> <p>Canker sores</p> <p>Difficulty swallowing</p> <p>TOTAL (0-24)</p> <p>LUNGS</p> <p>Wheezing</p> <p>Chest congestion</p> <p>Dry cough</p> <p>Wet cough</p> <p>Shortness of breath</p> <p>TOTAL (0-20)</p> <p>EYES</p> <p>Red or swollen eyes</p> <p>Watery eyes</p> <p>Itchy eyes</p> <p>Dark circles or "bags"</p> <p>Sensitivity to light</p> <p>Aura</p> <p>TOTAL (0-24)</p> <p>GENITOURINARY</p> <p>Increased urinary frequency</p> <p>Painful urination</p> <p>Bladder pain</p> <p>Bedwetting</p> <p>TOTAL (0-16)</p>	<p>MUSCULOSKELETAL</p> <p>Joint pains</p> <p>Stiff joints</p> <p>Muscle aches</p> <p>Stiff muscles</p> <p>Ticks (facial or otherwise)</p> <p>Muscle spasms</p> <p>Muscle cramps</p> <p>TOTAL (0-28)</p> <p>CARDIOVASCULAR</p> <p>Irregular heartbeat</p> <p>High blood pressure</p> <p>TOTAL (0-8)</p> <p>DIGESTIVE</p> <p>Heartburn/reflux</p> <p>Stomach pains/cramps</p> <p>Intestinal pains/cramps</p> <p>Constipation</p> <p>Diarrhea</p> <p>Bloating sensation</p> <p>Gas (of any kind)</p> <p>Nausea</p> <p>Vomiting</p> <p>Painful elimination</p> <p>TOTAL (0-40)</p> <p>WEIGHT MANAGEMENT</p> <p>Current weight: LOST 25#</p> <p>2 Fluctuating weight</p> <p>2 Food cravings</p> <p>Water retention</p> <p>Binge eating or drinking</p> <p>Purging (all methods)</p> <p>4 TOTAL (0-20)</p> <p>LIST OTHER SYMPTOMS:</p>
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