

Initial Symptom Survey

Date: *March to July*

Patient Name: *Female in 50s*

Dietitian: *Lila Ojeda*

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

95 → 15

| CONSTITUTIONAL | | NASAL/SINUS | | MUSCULOSKELETAL | |
|------------------|--|----------------------|---|--|--|
| 2 | Fatigue (sluggish, tired) | | Post nasal drip 2 | 2 | Joint pains |
| | Hyperactive (nervous energy) | | Sinus pain | 2 | Stiff joints |
| | Restless (can't relax/sit still) | | Runny nose | 2 | Muscle aches |
| 1 | Daytime sleepiness | 1 | Stuffy nose | 2 | Stiff muscles |
| | Insomnia at night | | Sneezing | | Ticks (facial or otherwise) |
| 2 | Malaise (feeling lousy) | (1) | TOTAL (0-20) | | Muscle spasms |
| | Seizures | MOUTH/THROAT | | 3 | Muscle cramps |
| (5) | TOTAL (0-28) | | Sore throat | (11) | TOTAL (0-28) |
| EMOTIONAL/MENTAL | | | Swollen throat | CARDIOVASCULAR | |
| 1 | Depression | | Swelling/burning lips/tongue | | Irregular heartbeat |
| 4 | Anxiety (fears, uneasiness) | 1 | Gagging/throat clearing | | High blood pressure |
| | Mood swings (rapid changes) | | Canker sores | | TOTAL (0-8) |
| 2 | Irritability | | Difficulty swallowing | DIGESTIVE | |
| 2 | Forgetfulness | (1) | TOTAL (0-24) | 4 | Heartburn/reflux |
| 2 | Lack of concentration/Brain fog | LUNGS | | 4 | Stomach pains/cramps |
| 4 | Low sex drive 4 | | Wheezing | | Intestinal pains/cramps 1 |
| (15) | TOTAL (0-28) | | Chest congestion | 4 | Constipation |
| HEAD/EARS | | | Dry cough | 1 | Diarrhea |
| 2 | Headache (not migraine) | | Wet cough | 4 | Bloating sensation |
| | Migraine | 1 | Shortness of breath | 4 | Gas (of any kind) 1 |
| 2 | Earache | (1) | TOTAL (0-20) | | Nausea |
| | Ear infection | EYES | | | Vomiting |
| 4 | Ringing in ears 2 | 1 | Red or swollen eyes | | Painful elimination |
| 2 | Itchy ears | | Watery eyes | (26) | TOTAL (0-40) |
| | Discharge from ears | 3 | Itchy eyes | WEIGHT MANAGEMENT | |
| | Sensitivity to sound | 2 | Dark circles or "bags" 2 | Current weight: Lost 15 # | |
| (10) | TOTAL (0-32) | | Sensitivity to light | 1 | Fluctuating weight |
| SKIN | | | Aura | 3 | Food cravings |
| | Blemishes, acne | (6) | TOTAL (0-24) | 4 | Water retention |
| | Rashes or hives | GENITOURINARY | | 1 | Binge eating or drinking |
| 1 | Eczema or psoriasis | 2 | Increased urinary frequency | | Purging (all methods) |
| | "Rosy" cheeks | | Painful urination | (9) | TOTAL (0-20) |
| 1 | Flushing | | Bladder pain | LIST OTHER SYMPTOMS: | |
| 4 | Itchy skin | | Bedwetting | 4 | <i>other arthritis</i> |
| (6) | TOTAL (0-24) | (2) | TOTAL (0-16) | 3 | <i>other</i> |