

Initial Symptom Survey

Date: *April to June 2020*

Patient Name: *Male in his 30s*

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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

42 → 3

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