

Initial Symptom Survey

Date: Feb 2019 → July 2019 Patient Name: 58 year old male Dietitian: Lila Ojeda, RDN

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

After LEAP:
80 → 6

CONSTITUTIONAL	NASAL/SINUS	MUSCULOSKELETAL
<u>2</u> Fatigue (sluggish, tired)	<u>2</u> Post nasal drip 1	<u>2</u> Joint pains
Hyperactive (nervous energy)	<u>2</u> Sinus pain	<u>2</u> Stiff joints
Restless (can't relax/sit still)	<u>2</u> Runny nose 1	<u>2</u> Muscle aches
<u>2</u> Daytime sleepiness	<u>2</u> Stuffy nose	<u>2</u> Stiff muscles
<u>3</u> Insomnia at night	<u>2</u> Sneezing	<u>2</u> Ticks (facial or otherwise)
<u>1</u> Malaise (feeling lousy)	<u>10</u> TOTAL (0-20)	Muscle spasms
Seizures	MOUTH/THROAT	Muscle cramps
<u>9</u> TOTAL (0-28)	Sore throat	<u>10</u> TOTAL (0-28)
EMOTIONAL/MENTAL	Swollen throat	CARDIOVASCULAR
Depression	Swelling/burning lips/tongue	Irregular heartbeat
Anxiety (fears, uneasiness)	<u>2</u> Gagging/throat clearing	High blood pressure
Mood swings (rapid changes)	Canker sores	TOTAL (0-8)
<u>2</u> Irritability	<u>2</u> Difficulty swallowing	DIGESTIVE
<u>2</u> Forgetfulness	<u>4</u> TOTAL (0-24)	<u>3</u> Heartburn/reflux
<u>2</u> Lack of concentration/Brain fog	LUNGS	<u>2</u> Stomach pains/cramps
Low sex drive	Wheezing	Intestinal pains/cramps
<u>6</u> TOTAL (0-28)	Chest congestion	<u>4</u> Constipation
HEAD/EARS	Dry cough	Diarrhea
Headache (not migraine) 1	Wet cough	<u>3</u> Bloating sensation
<u>4</u> Migraine	Shortness of breath	<u>3</u> Gas (of any kind) 1
Earache	TOTAL (0-20)	<u>3</u> Nausea
Ear infection	EYES	Vomiting
<u>2</u> Ringing in ears	Red or swollen eyes	Painful elimination
<u>2</u> Itchy ears	<u>4</u> Watery eyes 1	<u>18</u> TOTAL (0-40)
Discharge from ears	<u>4</u> Itchy eyes	WEIGHT MANAGEMENT
<u>2</u> Sensitivity to sound	Dark circles or "bags"	Current weight:
<u>10</u> TOTAL (0-32)	<u>3</u> Sensitivity to light 1	Fluctuating weight
SKIN	Aura	Food cravings
Blemishes, acne	<u>11</u> TOTAL (0-24)	Water retention
Rashes or hives	GENITOURINARY	Binge eating or drinking
Eczema or psoriasis	Increased urinary frequency	Purging (all methods)
"Rosy" cheeks	Painful urination	TOTAL (0-20)
Flushing	Bladder pain	LIST OTHER SYMPTOMS:
<u>2</u> Itchy skin	Bedwetting	
<u>2</u> TOTAL (0-24)	TOTAL (0-16)	