

- Phase 2 of LEAP - 4 weeks

Initial Symptom Survey

Date: June to Sept 2019 Patient Name: 46 yr. old female Dietitian: Xia O. RDN/RD

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

64 → 10

CONSTITUTIONAL		NASAL/SINUS		MUSCULOSKELETAL	
2	Fatigue (sluggish, tired) 2		Post nasal drip	3	Joint pains
	Hyperactive (nervous energy)		Sinus pain	3	Stiff joints
	Restless (can't relax/sit still)		Runny nose		Muscle aches
2	Daytime sleepiness 1		Stuffy nose		Stiff muscles
	Insomnia at night	1	Sneezing		Ticks (facial or otherwise)
	Malaise (feeling lousy)	①	TOTAL (0-20)		Muscle spasms
	Seizures		MOUTH/THROAT		Muscle cramps 1
④	TOTAL (0-28)	2	Sore throat	⑥	TOTAL (0-28)
EMOTIONAL/MENTAL			Swollen throat	CARDIOVASCULAR	
	Depression		Swelling/burning lips/tongue		Irregular heartbeat
	Anxiety (fears, uneasiness)		Gagging/throat clearing		High blood pressure
	Mood swings (rapid changes)		Canker sores		TOTAL (0-8)
4	Irritability 1		Difficulty swallowing	DIGESTIVE	
2	Forgetfulness 1	②	TOTAL (0-24)	4	Heartburn/reflux
4	Lack of concentration/Brain fog 1	LUNGS			Stomach pains/cramps
3	Low sex drive		Wheezing		Intestinal pains/cramps
⑬	TOTAL (0-28)		Chest congestion	1	Constipation
HEAD/EARS			Dry cough		Diarrhea
	Headache (not migraine)		Wet cough	4	Bloating sensation
	Migraine	4	Shortness of breath		Gas (of any kind)
	Earache 1	④	TOTAL (0-20)		Nausea
	Ear infection	EYES			Vomiting
3	Ringing in ears		Red or swollen eyes		Painful elimination
	Itchy ears		Watery eyes	⑨	TOTAL (0-40)
	Discharge from ears		Itchy eyes	WEIGHT MANAGEMENT	
1	Sensitivity to sound	2	Dark circles or "bags"	Current weight: <u>LOST 13#</u>	
④	TOTAL (0-32)		Sensitivity to light		Fluctuating weight 1
SKIN			Aura	4	Food cravings
3	Blemishes, acne	②	TOTAL (0-24)	4	Water retention 1
	Rashes or hives	GENITOURINARY		4	Binge eating or drinking
	Eczema or psoriasis		Increased urinary frequency		Purging (all methods)
	"Rosy" cheeks		Painful urination	⑫	TOTAL (0-20)
	Flushing		Bladder pain	LIST OTHER SYMPTOMS:	
	Itchy skin		Bedwetting	4	<u>PMS</u> 1
③	TOTAL (0-24)		TOTAL (0-16)		