

Follow-up Symptom Survey

Date: **May 2017** **Client Name:** **Male, 65 years old, symptoms since his 30s** **Provided by Registered Dietitian:** Lila Ojeda, MS, RDN, CSCS, CLT. Website: www.LO-Solutions.com

Using the SCALE OF SYMPTOM POINTS listed below, FILL IN the appropriate score in box in front of the corresponding field for EVERY symptom listed. Also note the number of missed work days in the last week due to illness.

SCALE OF SYMPTOM POINTS	Grand Total:	# Missed Work Days
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	28	

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