

Initial Symptom Survey

Date: June 2019 Patient Name: 50 year old male Dietitian: Zila 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

In 4 weeks:
38 → 5

| CONSTITUTIONAL | | NASAL/SINUS | | MUSCULOSKELETAL | | | |
|------------------|----------------------------------|---------------|------------------------------|-----------------|---------------------------------|--------------------------|--|
| 1 | Fatigue (sluggish, tired) 1 | 1 | Post nasal drip | | Joint pains | | |
| | Hyperactive (nervous energy) | | Sinus pain | | Stiff joints | | |
| 2 | Restless (can't relax/sit still) | 2 | Runny nose 2 | 2 | Muscle aches | | |
| | Daytime sleepiness | | Stuffy nose | 2 | Stiff muscles | | |
| | Insomnia at night | 2 | Sneezing 1 | | Ticks (facial or otherwise) | | |
| 2 | Malaise (feeling lousy) | 5 | TOTAL (0-20) | 1 | Muscle spasms | | |
| | Seizures | | | 1 | Muscle cramps | | |
| 5 | TOTAL (0-28) | | | 6 | TOTAL (0-28) | | |
| EMOTIONAL/MENTAL | | MOUTH/THROAT | | CARDIOVASCULAR | | | |
| | Depression | | Sore throat | | Irregular heartbeat | | |
| | Anxiety (fears, uneasiness) | | Swollen throat | | High blood pressure | | |
| | Mood swings (rapid changes) | | Swelling/burning lips/tongue | | TOTAL (0-8) | | |
| 2 | Irritability | | Gagging/throat clearing | | DIGESTIVE | | |
| | Forgetfulness | | Canker sores | | | Heartburn/reflux | |
| | Lack of concentration/Brain fog | | Difficulty swallowing | | | Stomach pains/cramps | |
| 3 | Low sex drive | | TOTAL (0-24) | | 4 | Intestinal pains/cramps | |
| 5 | TOTAL (0-28) | | | | 2 | Constipation | |
| HEAD/EARS | | LUNGS | | | 2 | Diarrhea 1 | |
| | Headache (not migraine) | | Wheezing | | 2 | Bloating sensation | |
| | Migraine | | Chest congestion | | 4 | Gas (of any kind) | |
| | Earache | | Dry cough | | | Nausea | |
| | Ear infection | | Wet cough | | | Vomiting | |
| | Ringing in ears | | Shortness of breath | | | Painful elimination | |
| | Itchy ears | | TOTAL (0-20) | | 12 | TOTAL (0-40) | |
| | Discharge from ears | | | | WEIGHT MANAGEMENT | | |
| | Sensitivity to sound | | | | Current weight: <u>Lost 15#</u> | | |
| | TOTAL (0-32) | | | | | Fluctuating weight | |
| SKIN | | EYES | | | 2 | Food cravings | |
| | Blemishes, acne | | Red or swollen eyes | | | Water retention | |
| | Rashes or hives | | Watery eyes | | | Binge eating or drinking | |
| | Eczema or psoriasis | | Itchy eyes | | | Purging (all methods) | |
| | "Rosy" cheeks | | Itchy eyes | | | TOTAL (0-20) | |
| | Flushing | | Dark circles or "bags" | | | LIST OTHER SYMPTOMS: | |
| | Itchy skin | | Sensitivity to light | | | | |
| | TOTAL (0-24) | | Aura | | | | |
| | | 2 | TOTAL (0-24) | | | | |
| | | GENITOURINARY | | | | | |
| | | | Increased urinary frequency | | | | |
| | | | Painful urination | | | | |
| | | | Bladder pain | | | | |
| | | | Bedwetting | | | | |
| | | 1 | TOTAL (0-16) | | | | |