

Fatigue, body aches + exhaustion. Celiac + Hashimoto's.

Initial Symptom Survey

Date: April to June 2019 Patient Name: 43 yr. old female Dietitian: Jila O.

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

45 → 4

CONSTITUTIONAL		NASAL/SINUS		MUSCULOSKELETAL	
2	Fatigue (sluggish, tired)	1	Post nasal drip	2	Joint pains At night
	Hyperactive (nervous energy)	1	Sinus pain	2	Stiff joints
2	Restless (can't relax/sit still)		Runny nose		Muscle aches
	Daytime sleepiness	1	Stuffy nose	2	Stiff muscles
4	Insomnia at night		Sneezing		Ticks (facial or otherwise)
2	Malaise (feeling lousy)	3	TOTAL (0-20)		Muscle spasms
	Seizures	MOUTH/THROAT			Muscle cramps
10	TOTAL (0-28)		Sore throat	6	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
	Mood swings (rapid changes)		Canker sores		TOTAL (0-8)
2	Irritability		Difficulty swallowing	DIGESTIVE	
2	Forgetfulness	1	TOTAL (0-24)		Heartburn/reflux
2	Lack of concentration/Brain fog	LUNGS			Stomach pains/cramps
2	Low sex drive		Wheezing		Intestinal pains/cramps
10	TOTAL (0-28)		Chest congestion	1	Constipation
HEAD/EARS			Dry cough		Diarrhea
2	Headache (not migraine)		Wet cough		Bloating sensation
	Migraine		Shortness of breath	1	Gas (of any kind)
	Earache		TOTAL (0-20)		Nausea
	Ear infection	EYES			Vomiting
1	Ringing in ears		Red or swollen eyes		Painful elimination
2	Itchy ears		Watery eyes	2	TOTAL (0-40)
	Discharge from ears		Itchy eyes	WEIGHT MANAGEMENT	
2	Sensitivity to sound		Dark circles or "bags"		Current weight:
7	TOTAL (0-32)		Sensitivity to light		Fluctuating weight
SKIN			Aura		Food cravings
	Blemishes, acne	3	TOTAL (0-24)	1	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:	
2	Itchy skin		Bedwetting		
2	TOTAL (0-24)		TOTAL (0-16)		