

# Initial Symptom Survey

Date: 1 year post LEAP

Patient Name: 35 yr. old female

Dietitian: Jill 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

66 → 3

CONSTITUTIONAL	NASAL/SINUS	MUSCULOSKELETAL
<u>4</u> Fatigue (sluggish, tired)	Post nasal drip	<u>2</u> Joint pains
Hyperactive (nervous energy)	Sinus pain	<u>0</u> Stiff joints
Restless (can't relax/sit still)	Runny nose	<u>4</u> Muscle aches
Daytime sleepiness	Stuffy nose	<u>2</u> Stiff muscles
<u>4</u> Insomnia at night	Sneezing	<u>1</u> Ticks (facial or otherwise)
Malaise (feeling lousy)	<u>0</u> TOTAL (0-20)	Muscle spasms
Seizures	<b>MOUTH/THROAT</b>	Muscle cramps
<u>8</u> TOTAL (0-28)	Sore throat	<u>9</u> TOTAL (0-28)
<b>EMOTIONAL/MENTAL</b>	<u>1</u> Swollen throat	<b>CARDIOVASCULAR</b>
Depression	Swelling/burning lips/tongue	Irregular heartbeat
<u>3</u> Anxiety (fears, uneasiness)	Gagging/throat clearing	High blood pressure
<u>3</u> Mood swings (rapid changes)	Canker sores	<u>0</u> TOTAL (0-8)
<u>2</u> Irritability	Difficulty swallowing	<b>DIGESTIVE</b>
<u>2</u> Forgetfulness	<u>1</u> TOTAL (0-24)	Heartburn/reflux
<u>4</u> Lack of concentration/Brain fog	<b>LUNGS</b>	Stomach pains/cramps
<u>4</u> Low sex drive	Wheezing	Intestinal pains/cramps
<u>18</u> TOTAL (0-28)	Chest congestion	<u>2</u> Constipation
<b>HEAD/EARS</b>	Dry cough	<u>2</u> Diarrhea
Headache (not migraine)	Wet cough	<u>4</u> Bloating sensation
Migraine	<u>1</u> Shortness of breath	<u>4</u> Gas (of any kind) <span style="color: red;">2</span>
Earache	<u>1</u> TOTAL (0-20)	Nausea
Ear infection	<b>EYES</b>	Vomiting
Ringing in ears	Red or swollen eyes	Painful elimination
Itchy ears	<u>2</u> Watery eyes	<u>12</u> TOTAL (0-40)
Discharge from ears	Itchy eyes	<b>WEIGHT MANAGEMENT</b>
Sensitivity to sound	Dark circles or "bags"	Current weight:
<u>0</u> TOTAL (0-32)	Sensitivity to light	Fluctuating weight
<b>SKIN</b>	Aura	<u>3</u> Food cravings <span style="color: red;">1</span>
<u>1</u> Blemishes, acne	<u>2</u> TOTAL (0-24)	<u>3</u> Water retention
Rashes or hives	<b>GENITOURINARY</b>	<u>3</u> Binge eating or drinking
Eczema or psoriasis	Increased urinary frequency	<u>9</u> Purging (all methods)
<u>1</u> "Rosy" cheeks	Painful urination	<u>9</u> TOTAL (0-20)
<u>4</u> Flushing	Bladder pain	<b>LIST OTHER SYMPTOMS:</b>
Itchy skin	Bedwetting	
<u>6</u> TOTAL (0-24)	<u>0</u> TOTAL (0-16)	