

# Initial Symptom Survey

Date: *March to July 2020*

Patient Name: *Female in her 30s*

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**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

127 → 12

CONSTITUTIONAL	NASAL/SINUS	MUSCULOSKELETAL
4 Fatigue (sluggish, tired)	1 Post nasal drip	1 Joint pains
2 Hyperactive (nervous energy)	1 Sinus pain	1 Stiff joints
1 Restless (can't relax/sit still)	1 Runny nose	2 Muscle aches
1 Daytime sleepiness	1 Stuffy nose	2 Stiff muscles
4 Insomnia at night	4 Sneezing	Ticks (facial or otherwise)
2 Malaise (feeling lousy)	8 TOTAL (0-20)	1 Muscle spasms
Seizures	<b>MOUTH/THROAT</b>	1 Muscle cramps
14 TOTAL (0-28)	1 Sore throat	8 TOTAL (0-28)
<b>EMOTIONAL/MENTAL</b>	Swollen throat	<b>CARDIOVASCULAR</b>
1 Depression	Swelling/burning lips/tongue	Irregular heartbeat
2 Anxiety (fears, uneasiness)	1 Gagging/throat clearing	High blood pressure
3 Mood swings (rapid changes)	Canker sores	TOTAL (0-8)
3 Irritability	Difficulty swallowing	<b>DIGESTIVE</b>
2 Forgetfulness	2 TOTAL (0-24)	1 Heartburn/reflux
2 Lack of concentration/Brain fog	<b>LUNGS</b>	2 Stomach pains/cramps
2 Low sex drive	Wheezing	Intestinal pains/cramps
15 TOTAL (0-28)	Chest congestion	3 Constipation
<b>HEAD/EARS</b>	1 Dry cough	2 Diarrhea
2 Headache (not migraine)	2 Wet cough	4 Bloating sensation
4 Migraine	Shortness of breath	3 Gas (of any kind)
Earache	3 TOTAL (0-20)	3 Nausea + vomit
Ear infection	<b>EYES</b>	Vomiting
2 Ringing in ears	Red or swollen eyes	1 Painful elimination
2 Itchy ears	3 Watery eyes	19 TOTAL (0-40)
Discharge from ears	4 Itchy eyes	<b>WEIGHT MANAGEMENT</b>
4 Sensitivity to sound	4 Dark circles or "bags"	Current weight: <i>LOST 13#</i>
14 TOTAL (0-32)	4 Sensitivity to light	2 Fluctuating weight
<b>SKIN</b>	4 Aura	3 Food cravings
1 Blemishes, acne	19 TOTAL (0-24)	3 Water retention
1 Rashes or hives	<b>GENITOURINARY</b>	3 Binge eating or drinking
1 Eczema or psoriasis	4 Increased urinary frequency	3 Purging (all methods)
"Rosy" cheeks	Painful urination	14 TOTAL (0-20)
1 Flushing	Bladder pain	<b>LIST OTHER SYMPTOMS:</b>
2 Itchy skin	Bedwetting	3 sensitive smell
6 TOTAL (0-24)	4 TOTAL (0-16)	