Initial Symptom Survey

Date: Sept to Nov 2020 | Patient Name: Female in 20s | Provided by Registered Dietitian: Lila Ojeda, MS, RDN, CSCS, CLT. Website: www.LO-Solutions.com

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
48 →	7

	CONSTITUTIONAL
	Fatigue (sluggish, tired)
1	Hyperactive (nervous energy)
	Restless (can't relax/sit still)
	Daytime sleepiness
	Insomnia at night
	Malaise (feeling lousy)
	Seizures
(1)	TOTAL (0-28)

	EMOTIONAL/MENTAL
	Depression
2	Anxiety (fears, uneasiness)
	Mood swings (rapid changes)
2	Irritability
	Forgetfulness
	Lack of concentration/Brain fog
	Low sex drive
(4)	TOTAL (0-28)

	HEAD/EARS
4	Headache (not migraine)
3	Migraine
	Earache
	Ear infection
2	Ringing in ears
4	Itchy ears 2
	Discharge from ears
	Sensitivity to sound
(13)	TOTAL (0-32)

	SKIN
1	Blemishes, acne 1
	Rashes or hives
	Eczema or psoriasis
	"Rosy" cheeks
	Flushing
	Itchy skin
(1)	TOTAL (0-24)

	NASAL/SINUS
	Post nasal drip
	Sinus pain
	Runny nose
	Stuffy nose 1
2	Sneezing
(2)	TOTAL (0-20)

	MOUTH/THROAT
2	Sore throat
	Swollen throat
	Swelling/burning lips/tongue
	Gagging/throat clearing 1
	Canker sores
	Difficulty swallowing
(2)	TOTAL (0-24)

	LUNGS
	Wheezing
	Chest congestion
	Dry cough
	Wet cough
	Shortness of breath
	TOTAL (0-20)

	EYES
	Red or swollen eyes
	Watery eyes
	Itchy eyes
	Dark circles or "bags"
4	Sensitivity to light
	Aura
(4)	TOTAL (0-24)

	GENITOURINARY
	Increased urinary frequency
	Painful urination
	Bladder pain
	Bedwetting
	TOTAL (0-16)

	MUSCULOSKELETAL
	Joint pains
	Stiff joints
2	Muscle aches
2	Stiff muscles
	Ticks (facial or otherwise)
	Muscle spasms
2	Muscle cramps
(6)	TOTAL (0-28)

	CARDIOVASCULAR
	Irregular heartbeat
	High blood pressure
	TOTAL (0-8)

	DIGESTIVE
1	Heartburn/reflux
4	Stomach pains/cramps
	Intestinal pains/cramps
3	Constipation
1	Diarrhea
3	Bloating sensation 1
2	Gas (of any kind) 1
	Nausea
	Vomiting
	Painful elimination
(14)	TOTAL (0-40)

	WEIGHT MANAGEMENT
	Current weight:
	Fluctuating weight
1	Food cravings
	Water retention
	Binge eating or drinking
	Purging (all methods)
(1)	TOTAL (0-20)

	LIST OTHER SYMPTOMS: