

Rate each of the following symptoms based upon your typical health profile for the *past 30 days*

- Point Scale
- 0 - Never or almost never have the symptom
 - 1 - Occasionally have it, effect is not severe
 - 2 - Occasionally have it, effect is severe
 - 3 - Frequently have it, effect is not severe
 - 4 - Frequently have it, effect is severe

Patient's Name

Date

HEAD

- ▶.....◀ Headaches
- ▶.....◀ Faintness
- ▶.....◀ Dizziness
- ▶.....◀ Insomnia

Total

EYES

- ▶.....◀ Watery or itchy eyes
- ▶.....◀ Swollen, reddened or sticky eyelids
- ▶.....◀ Bags or dark circles under eyes
- ▶.....◀ Blurred or tunnel vision
(does not include near or far sightedness)

Total

EARS

- ▶.....◀ Itchy ears
- ▶.....◀ Earaches, ear infections
- ▶.....◀ Drainage from ear
- ▶.....◀ Ringing in ears, hearing loss

Total

NOSE

- ▶.....◀ Stuffy nose
- ▶.....◀ Sinus problems
- ▶.....◀ Hay fever
- ▶.....◀ Sneezing attacks
- ▶.....◀ Excessive mucus formation

Total

MOUTH/THROAT

- ▶.....◀ Chronic coughing
- ▶.....◀ Gagging, frequent need to clear throat
- ▶.....◀ Sore throat, hoarseness, loss of voice
- ▶.....◀ Swollen or discolored tongue, gums, lips
- ▶.....◀ Canker sores

Total

SKIN

- ▶.....◀ Acne
- ▶.....◀ Hives, rashes, dry skin
- ▶.....◀ Hair loss
- ▶.....◀ Flushing, hot flushes
- ▶.....◀ Excessive sweating

Total

HEART

- ▶.....◀ Irregular or skipped heartbeat
- ▶.....◀ Rapid or pounding heartbeat
- ▶.....◀ Chest pain
- ▶.....◀ Chest congestion
- ▶.....◀ Asthma, bronchitis
- ▶.....◀ Shortness of breath
- ▶.....◀ Difficulty breathing

Total

Total

DIGESTIVE TRACT	▶.....◀	Nausea, vomiting	
	▶.....◀	Diarrhea	
	▶.....◀	Constipation	
	▶.....◀	Bloated feeling	
	▶.....◀	Belching, passing gas	
	▶.....◀	Heartburn	
	▶.....◀	Intestinal/stomach pain	Total <input type="text"/>

MUSCLE	▶.....◀	Pain or aches in joints	
	▶.....◀	Arthritis	
	▶.....◀	Stiffness or limitation of movement	
	▶.....◀	Pain or aches in muscles	
	▶.....◀	Feeling of weakness or tiredness	Total <input type="text"/>

WEIGHT	▶.....◀	Binge eating/drinking	
	▶.....◀	Craving certain foods	
	▶.....◀	Excessive weight	
	▶.....◀	Compulsive eating	
	▶.....◀	Water retention	
	▶.....◀	Underweight	Total <input type="text"/>

ENERGY/ACTIVITY	▶.....◀	Fatigue, sluggishness	
	▶.....◀	Apathy lethargy	
	▶.....◀	Hyperactivity	
	▶.....◀	Restlessness	Total <input type="text"/>

MIND	▶.....◀	Poor memory	
	▶.....◀	Confusion, poor comprehension	
	▶.....◀	Poor concentration	
	▶.....◀	Poor physical coordination	
	▶.....◀	Difficulty in making decisions	
	▶.....◀	Stuttering or stammering	
	▶.....◀	Slurred speech	
	▶.....◀	Learning disabilities	Total <input type="text"/>

EMOTIONS	▶.....◀	Mood swings	
	▶.....◀	Anxiety, fear, nervousness	
	▶.....◀	Anger, irritability, aggressiveness	
	▶.....◀	Depression	Total <input type="text"/>

OTHER	▶.....◀	Frequent illness	
	▶.....◀	Frequent or urgent urination	
	▶.....◀	General itching or discharge	Total <input type="text"/>

GRAND TOTAL