Symptoms Checklist

Please rate your symptoms on a scale of 0-5. (0=none, 5=severe). Add a + with the number of times per month you experience it (eg. + 4). We will use this tool to help assess what may be affecting your health and to gauge improvement.

<u>Head</u>

____headache

- ____faintness
- ____dizziness
- _____sleep difficulties, insomnia
- ____drowsiness
- ____other

<u>Eyes</u>

- _____watery or itchy
- _____swollen or sticky eyelids
- _____dark circles under eyes
- ____blurred vision
- ____spots before eyes
- ____dry eyes
- ____other

Mouth and Throat

- ____chronic coughing
- _____frequently clearing throat
- _____frequent sore throat
- ____hoarseness
- ____metallic taste
- ____canker sores
- ____dry or itching in mouth
- ____other

<u>Ears</u>

- ____itchy ears
- ____ear aches, infections
- ____drainage from ear
- _____ringing in ears, hearing loss
- ____fullness of ears
- ____other

<u>Nose</u>

- _____stuffy nose, smell altered
- ____sinus problems
- ____hay fever
- _____sneezing attacks
- ____excessive mucous
- ____other

Digestive Tract

- ____nausea or vomiting
- ____diarrhea
- ____constipation
- ____bloated feeling
- ____belching or passing gas (stinky)
- _____stomach pains or cramps
- ____heartburn
- ____other

Joints and Muscles

- ____pains or aches in joints
- ____arthritis
- ____stiffness
- ____pains or aches in muscles
- ____weakness
- ____numbness
- _____tingling or altered sensation
- _____swelling in hands or feet
- ____other

<u>Heart</u>

- ____irregular heart beat
- _____rapid or pounding heart
- ____chest pain
- ____other

Energy and Activity

- ____restlessness
- _____fatigue, sluggishness
- ____apathy, lethargy
- ____hyperactivity

<u>Mind</u>

poor memory
poor comprehension
poor concentration
poor physical coordination
difficulty making decisions
stuttering
learning disabilities
foggy feeling
other

<u>Skin</u>

____acne ____hives, rash, dry skin ____eczema, psoriasis ____hair loss ____flushing or hot flashes

- _____excessive sweating
- _____change in color
- _____dandruff
- ____other

<u>Lungs</u>

- ____chest congestion
- ____asthma, bronchitis
- ____shortness of breath
- ____difficulty breathing
- ____other

<u>Weight</u>

present weight _____ ____binge eating/drinking _____water retention ____crave certain foods- list which ones: ____hungry all the time ____lack of appetite

Emotions

- ____mood swings
- ____anxiety, fears
- ____nervousness
- ____anger, irritability
- ____aggressiveness
- ____depression
- ____mental illness
- ____other

<u>Immunity</u>

- _____frequent illness, infections
- ____poor healing

Urinary system

- _____frequent or urgent urination
- ____kidney stones
- _____frequent infections

Reproductive

- _____genital itch or discharge
- _____swelling, pain- where? when?
- ____menstrual difficulties: cramping

(sharp or dull ache), irregular cycle, short or long cycle, bleeding excessive (# of days or amount) (circle which ones)

____PMS- list symptoms:

____Menopausal symptoms- list:

_____sexual difficulties: pain, ejaculatory, erectile, lack desire (circle which ones)

Any other problems?