

# SYMPTOM CHECKLIST

Patient Name \_\_\_\_\_

Patient Weight \_\_\_\_\_ Lab Test Date \_\_\_\_\_

Date Diet Started \_\_\_\_\_ Checklist Date \_\_\_\_\_

Medical Diagnosis (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SYMPTOM POINT SCALE:

Use the point scale to rate your symptoms based on how you've been feeling over the past 30 days.

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

### DIGESTIVE TRACT

- \_\_\_ Nausea & vomiting
- \_\_\_ Diarrhea
- \_\_\_ Constipation
- \_\_\_ Bloating feeling
- \_\_\_ Stomach pains or cramps
- \_\_\_ Heart burn
- \_\_\_ Blood and/or mucous in stools
- \_\_\_ Total

### EARS

- \_\_\_ Itchy ears
- \_\_\_ Ear aches, ear infections
- \_\_\_ Drainage from ear
- \_\_\_ Ringing in ears
- \_\_\_ Hearing loss
- \_\_\_ Reddening of ears
- \_\_\_ Total

### EMOTIONS

- \_\_\_ Mood swings
- \_\_\_ Anxiety, fear, nervousness
- \_\_\_ Anger, irritability, aggressiveness
- \_\_\_ Argumentative
- \_\_\_ Frustrated, cries easily
- \_\_\_ Depression
- \_\_\_ Total

### ENERGY

- \_\_\_ Apathy, lethargy
- \_\_\_ Attention deficit
- \_\_\_ Fatigue
- \_\_\_ Hyperactivity
- \_\_\_ Restlessness
- \_\_\_ Poor physical condition
- \_\_\_ Stuttering or stammering
- \_\_\_ Slurred speech
- \_\_\_ Total

### EYES

- \_\_\_ Watery or itchy eyes
- \_\_\_ Red, swollen or sticky eyelids
- \_\_\_ Bags or dark circles under eyes
- \_\_\_ Blurred or tunnel vision
- \_\_\_ Total

### HEAD

- \_\_\_ Headaches
- \_\_\_ Faintness
- \_\_\_ Dizziness
- \_\_\_ Insomnia, sleep disorder
- \_\_\_ Facial flushing
- \_\_\_ Total

### HEART

- \_\_\_ Irregular or skipped heartbeat
- \_\_\_ Rapid or pounding heart
- \_\_\_ Chest pain
- \_\_\_ Total

### JOINTS & MUSCLES

- \_\_\_ Pains or aches in joints
- \_\_\_ Arthritis
- \_\_\_ Stiffness or limited movement
- \_\_\_ Pain or aches in muscles
- \_\_\_ Feeling of weakness or tiredness
- \_\_\_ Swollen tender joints
- \_\_\_ Growing pains in legs
- \_\_\_ Total

### LUNGS

- \_\_\_ Chest congestion
- \_\_\_ Asthma, bronchitis
- \_\_\_ Shortness of breath
- \_\_\_ Difficulty breathing
- \_\_\_ Persistent cough
- \_\_\_ Wheezing
- \_\_\_ Total

### MIND

- \_\_\_ Poor memory
- \_\_\_ Difficulty completing projects
- \_\_\_ Difficulty with mathematics
- \_\_\_ Underachiever
- \_\_\_ Poor/short attention span
- \_\_\_ Confusion
- \_\_\_ Easily distracted
- \_\_\_ Difficulty making decisions
- \_\_\_ Learning disabilities
- \_\_\_ Total

### MOUTH & THROAT

- \_\_\_ Chronic coughing
- \_\_\_ Gagging, often clearing throat
- \_\_\_ Sore throat, hoarse, loss of voice
- \_\_\_ Swollen or discolored tongue, lips
- \_\_\_ Canker sores
- \_\_\_ Itching on roof of mouth
- \_\_\_ Total

### NOSE

- \_\_\_ Stuffy nose
- \_\_\_ Chronically red, inflamed nose
- \_\_\_ Sinus problems
- \_\_\_ Hay fever
- \_\_\_ Sneezing attacks
- \_\_\_ Excessive mucous formation
- \_\_\_ Total

### SKIN

- \_\_\_ Acne
- \_\_\_ Itching
- \_\_\_ Hives, rash, dry skin
- \_\_\_ Hair loss
- \_\_\_ Flushing or hot flashes
- \_\_\_ Total

### WEIGHT

- \_\_\_ Binge eating/drinking
- \_\_\_ Craving certain foods
- \_\_\_ Excessive weight
- \_\_\_ Compulsive eating
- \_\_\_ Water retention
- \_\_\_ Total

### OTHER

- \_\_\_ Frequent illness
- \_\_\_ Frequent or urgent urination
- \_\_\_ Genital itch or discharge
- \_\_\_ Anal itching
- \_\_\_ Total

\_\_\_\_\_ GRAND TOTAL