

Name _____ Date _____

Rate each of the following symptoms based upon your typical health profile for: Past 30 days Past 48 hours

- Point Scale**
- 0 — Never or almost never have the symptoms
 - 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

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 farsightedness)

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 or lips
- _____ Canker sores

Total _____

Skin

- _____ Acne
- _____ Hives, rashes, dry skin
- _____ Hair loss
- _____ Flushing, hot flashes
- _____ Excessive sweating

Total _____

Heart

- _____ Irregular or skipped heartbeat
- _____ Rapid or pounding heartbeat
- _____ Chest pain

Total _____

Lungs

- _____ Chest congestion
- _____ Asthma, bronchitis
- _____ Shortness of breath
- _____ Difficulty breathing

Total _____

Digestive Tract

- _____ Nausea, vomiting
- _____ Diarrhea
- _____ Constipation
- _____ Bloating feeling
- _____ Belching, passing gas
- _____ Heartburn
- _____ Intestinal/stomach pain

Total _____

Joints/Muscles

- _____ Pain or aches in joints
- _____ Arthritis
- _____ Stiffness or limitation of movement
- _____ Pain or aches in muscles
- _____ Feeling of weakness or tiredness

Total _____

Weight

- _____ Binge eating/drinking
- _____ Craving certain foods
- _____ Excessive weight
- _____ Compulsive eating
- _____ Water retention
- _____ Underweight

Total _____

Energy/Activity

- _____ Fatigue, sluggishness
- _____ Apathy, lethargy
- _____ Hyperactivity
- _____ Restlessness

Total _____

Mind

- _____ Poor memory
- _____ Confusion, poor comprehension
- _____ Poor concentration
- _____ Poor physical coordination
- _____ Difficulty in making decisions
- _____ Stuttering or stammering
- _____ Slurred speech
- _____ Learning disabilities

Total _____

Emotions

- _____ Mood swings
- _____ Anxiety, fear, nervousness
- _____ Anger, irritability, aggressiveness
- _____ Depression

Total _____

Other

- _____ Frequent illness
- _____ Frequent or urgent urination
- _____ Genital itch or discharge

Total _____

Grand Total _____