

Initial Symptom Survey

Date:	Patient Name:	Practitioner:
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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 to the left of EVERY symptom listed. Write the "Grand Total" at the top. Also note the number of missed work days you have had in the last month due to illness.

SCALE OF SYMPTOM POINTS	Grand Total:	# Missed Work Days
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		

CONSTITUTIONAL		NASAL/SINUS		MUSCULOSKELETAL	
	Fatigue (sluggish, tired)		Post nasal drip		Joint pains
	Hyperactive (nervous energy)		Sinus pain		Stiff joints
	Restless (can't relax/sit still)		Runny nose		Muscle aches
	Daytime sleepiness		Stuffy nose		Stiff muscles
	Insomnia at night		Sneezing		Tics (facial or otherwise)
	Malaise (feeling lousy)		TOTAL (0-20)		Muscle spasms
	Seizures	MOUTH/THROAT			Muscle cramps
	TOTAL (0-28)		Sore throat		TOTAL (0-28)
EMOTIONAL/MENTAL			Swollen throat	CARDIOVASCULAR	
	Depression		Swelling/burning lips/tongue		Irregular heartbeat
	Anxiety (fears, uneasiness)		Gagging/throat clearing		High blood pressure
	Mood swings (rapid changes)		Canker sores		TOTAL (0-8)
	Irritability		Difficulty swallowing	DIGESTIVE	
	Forgetfulness		TOTAL (0-24)		Heartburn/reflux
	Lack of concentration/Brain fog	LUNGS			Stomach pains/cramps
	Low sex drive		Wheezing		Intestinal pains/cramps
	TOTAL (0-28)		Chest congestion		Constipation
HEAD/EARS			Dry cough		Diarrhea
	Headache (not migraine)		Wet cough		Bloating sensation
	Migraine		Shortness of breath		Gas (of any kind)
	Earache		TOTAL (0-20)		Nausea
	Ear infection	EYES			Vomiting
	Ringing in ears		Red or swollen eyes		Painful elimination
	Itchy ears		Watery eyes		TOTAL (0-40)
	Discharge from ears		Itchy eyes	WEIGHT MANAGEMENT	
	Sensitivity to sound		Dark circles or "bags"	Current weight:	
	TOTAL (0-32)		Sensitivity to light		Fluctuating weight
SKIN			Aura		Food cravings
	Blemishes, acne		TOTAL (0-24)		Water retention
	Rashes or hives	GENITOURINARY			Binge eating or drinking
	Eczema or psoriasis		Increased urinary frequency		Purging (all methods)
	"Rosy" cheeks		Painful urination		TOTAL (0-20)
	Flushing		Bladder pain	LIST OTHER SYMPTOMS:	
	Itchy skin		Bedwetting		
	TOTAL (0-24)		TOTAL (0-16)		