Name				Date	
Rate each of the	e following symptoms based upon yo	ur typical health prof	file for: □ Past 30 da	ys 🗆 Past 48 hours	
Point Scale	 o — 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		Digestive	Nausea, vomiting	
	Faintness		Tract	Diarrhea	
	Dizziness			Constipation	
	Insomnia	Total		Bloated feeling	
				Belching, passing gas	
Eyes	Watery or itchy eyes			Heartburn	
	Swollen, reddened or sticky eyelids			Intestinal/stomach pain	Total
	Bags or dark circles under eyes				
	Blurred or tunnel vision (does not in	iclude	Joints/	Pain or aches in joints	
	near- or farsightedness)	Total	Muscles	Arthritis	
Ears	Itchy parc			Stiffness or limitation of movement	
	Itchy ears			Pain or aches in muscles	
	Earaches, ear infections			Feeling of weakness or tiredness	Total
	Drainage from ear	Total	Woight	Dings eating/drinking	
	Ringing in ears, hearing loss	Total	Weight	Binge eating/drinking	
Nose	Stuffy nose			Craving certain foods	
	Sinus problems			Excessive weight	
	Hay fever			Compulsive eating Water retention	
	Sneezing attacks			Underweight	Total
	Excessive mucus formation	Total		onderweight	10tat
			Energy/	Fatigue, sluggishness	
outh/	Chronic coughing		Activity	Apathy, lethargy	
Throat	Gagging, frequent need to clear thro			Hyperactivity	
	Sore throat, hoarseness, loss of void			Restlessness	Total
	Swollen or discolored tongue, gums	or lips			
	Canker sores	Total	Mind	Poor memory	
Skin	Acne			Confusion, poor comprehension	
	Hives, rashes, dry skin			Poor concentration	
	Hair loss			Poor physical coordination	
	Flushing, hot flashes			Difficulty in making decisions	
		Total		Stuttering or stammering	
	Excessive sweating	Total		Slurred speech	
Heart	Irregular or skipped heartbeat			Learning disabilities	Total
	Rapid or pounding heartbeat		Emotions	Mood swings	
	Chest pain	Total	Lillottolis	Anxiety, fear, nervousness	
	·				
Lungs	Chest congestion			Anger, irritability, aggressiveness	Total
	Asthma, bronchitis			Depression	Total
	Shortness of breath		Other	Frequent illness	
	Difficulty breathing	Total		Frequent or urgent urination	
				Genital itch or discharge	Total



