

Initial Symptom Survey

Ver 5-14

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