

NAME: _____ WEIGHT: _____ DATE: _____

Medical Symptoms Questionnaire identifies symptoms and underlying causes of illness. Helps you track your progress over time. Rate each of the following symptoms based upon your health profile for the past 30 days.

POINT SCALE

2 = Occasionally, effect *is* severe

0 = Never or almost never have the

3 = Frequently, effect *is not* severe

1 = Occasionally, effect *is not* severe

4 = Frequently, effect *is* severe

DIGESTIVE TRACT

- Nausea or vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching, or passing gas
- Heart burn
- Intestinal/Stomach pain

Total _____

EARS

- Itchy ears
- Ringing in ears, hearing loss
- Ear aches, ear infections
- Drainage from ear

Total _____

EMOTIONS

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

Total _____

ENERGY/ACTIVITY

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness
- Increased sleep

Total _____

EYES

- Dry 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 far-sightedness)

Total _____

HEAD

- Headaches/Migraines
- Faintness
- Dizziness
- Insomnia

Total _____

HEART

- Irregular or skipped heartbeat
- Rapid or pounding heart
- Chest pain
- High blood pressure

Total _____

JOINTS/MUSCLES

- Muscle cramps, spasms, pain
- Feeling of weakness or tiredness
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Pain or aches in joints

Total _____

LUNGS

- Chest congestion
- Asthma
- Shortness of breath
- Difficult breathing

Total _____

MIND

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

Total _____

MOUTH/THROAT

- Gagging, frequent need to clear throat
- Chronic coughing
- Sore throat, hoarseness, loss of voice
- Swollen/discolored tongue, gum, lips
- Canker sores, cold sores
- Periodontal disease
- Bad breath

Total _____

NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus formation

Total _____

SKIN

- Bumps on back of arms
- Acne on back, shoulders, face, chest
- Hives, rashes, dry or itchy skin, eczema, psoriasis
- Hair loss
- Flushing or hot flashes
- Excessive sweating
- Vitiligo

Total _____

WEIGHT

- Binge eating/drinking
- Craving certain foods, salt, carbohydrates
- Excessive weight
- Compulsive eating
- Water retention
- Underweight

Total _____

OTHER

- Cold hands & feet, cold intolerance
- Frequent illness
- Frequent or urgent urination
- Endometriosis or infertility
- Genital itch or discharge
- Jock itch
- Anus itch

Total _____

GRAND TOTAL _____



KEY TO QUESTIONNAIRE

Add individual scores and total each group. Add each group scores and give a grand total.

•Optimal is less than 10 •Mild Inflammation 10-50 •Moderate Inflammation 50-100. •Severe Inflammation over 100