

NAME \_\_\_\_\_

DATE \_\_\_\_\_

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

<b>Point Scale</b>	0	Never or almost never have the symptom	3	Frequently have it, effect is not severe
	1	Occasionally have it, effect is not severe	4	Frequently have it, effect is severe
	2	Occasionally 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 far-sightedness)

\_\_\_\_\_ 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 /  
MUSCLE**

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** \_\_\_\_\_