

Initial Symptom Survey

Date:	Patient Name:	Dietitian:
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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 in the corresponding field for EVERY symptom listed. Note score in the boxes to the left of symptoms. Also note the number of missed work days 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
EMOTIONAL/MENTAL		CARDIOVASCULAR	
	Depression		Swollen throat
	Anxiety (fears, uneasiness)		Swelling/burning lips/tongue
	Mood swings (rapid changes)		Gagging/throat clearing
	Irritability		Canker sores
	Forgetfulness		TOTAL (0-8)
	Lack of concentration/Brain fog	DIGESTIVE	
	Low sex drive		Difficulty swallowing
	TOTAL (0-28)		TOTAL (0-24)
HEAD/EARS		LUNGS	
	Headache (not migraine)		Wheezing
	Migraine		Chest congestion
	Earache		Dry cough
	Ear infection		Wet cough
	Ringing in ears		Shortness of breath
	Itchy ears		TOTAL (0-20)
	Discharge from ears	EYES	
	Sensitivity to sound		Red or swollen eyes
	TOTAL (0-32)		Watery eyes
SKIN		WEIGHT MANAGEMENT	
	Blemishes, acne		Itchy eyes
	Rashes or hives		Dark circles or "bags"
	Eczema or psoriasis		Sensitivity to light
	"Rosy" cheeks		Aura (visual or other)
	Flushing		TOTAL (0-24)
	Itchy skin		TOTAL (0-24)
	TOTAL (0-24)		TOTAL (0-16)
		GENITOURINARY	
			Increased urinary frequency
			Painful urination
			TOTAL (0-20)
		LIST OTHER SYMPTOMS:	