Rate each of the following symptoms based upon your typical health profile since your last visit (past 30 days on your 1st visit). Take your time. Note each symptom is really two questions- is the symptom occasional or frequent, and is it severe or not severe. **Point Scale**

| 0 | Never or almost never have the symptom |
| 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 |

If you can’t decide between 2 numbers, just put the average of them (eg if you can’t decide between 1 and 2, put 1.5) On questions with more then one option, please circle the symptom you have. Add the scores for each section (eg Head) and place next to that section. Then add the section scores and write into ___ area at top.

**HEAD**
- Headaches
- Faintness
- Dizziness
- Insomnia

**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)

**EARS**
- Itchy ears
- Earaches, ear infections
- Drainage from ear
- Ringing in ears, hearing loss

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

**MOUTH/THROAT**
- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen or discolored tongue, gums, lips
- Canker sores

**SKIN**
- Acne
- Hives, rashes, dry skin
- Hair loss
- Flushing, hot flashes
- Excessive sweating

**HEART**
- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- Chest pain

**LUNGS**
- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing

**DIGESTIVE TRACT**
- Nausea, vomiting
- Diarrhea
- Constipation
- Bloating, passing gas
- Heartburn
- Intestinal/stomach pain

**JOINTS/MUSCLE**
- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness

**WEIGHT**
- Binge eating/drinking
- Craving certain foods
- Excessive weight
- Compulsive eating
- Water retention
- Underweight

**ENERGY/ACTIVITY**
- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness

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

**EMOTIONS**
- Mood swings
- Anxiety, fear, nervousness
- Anger, irritability, aggressiveness
- Depression

**OTHER**
- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge

Total Symptoms Score: ____