

## SYMPTOMS QUESTIONNAIRE

This tool identifies symptoms that help to identify the underlying causes of illness and helps you to track your progress in key areas. Please use this scale to rate the frequency and severity of symptoms you have experienced **since you completed the questionnaire last** (plan to check your progress every 12-15 weeks). Leave the block blank if you've never experienced the symptom. Tally your score at the end.

Use a 1 if you **Occasionally** have it and the effect is **Mild**.

Use a 2 if you **Occasionally** have it and the effect is **Severe**.

Use a 3 if you **Frequently or Consistently** have it and the effect is **Mild**.

Use a 4 if you **Frequently or Consistently** have it and the effect is **Severe**.

<b>HEAD</b>		Swollen tongue, gums or lips		<b>DIGESTION</b>	
Headache		Chronic tooth, gum or jaw pain		Nausea / Vomiting	
Faintness		Teeth grinding		Difficulty swallowing	
Dizziness		Canker sores or thrush		Diarrhea	
Insomnia		<b>TOTAL</b>		Constipation	
<b>TOTAL</b>		<b>SKIN / HAIR / NAILS</b>		Bloating, belching	
<b>EARS</b>		Acne		Gas, flatulence	
Aches or pains		Hives or other allergic outbreaks		Heartburn	
Infections		Rash or persistently dry skin		Intestinal, stomach or other GI pain	
Drainage		Hair loss or breakage		<b>TOTAL</b>	
Ringing / Noise Sensitivity		Flushing or hot flashes		<b>JOINTS &amp; MUSCLES</b>	
<b>TOTAL</b>		Frequently feeling cold		Pains or aches in joints	
<b>EYES</b>		Excessive sweating		Arthritis	
Vision issues / Changes		<b>TOTAL</b>		Stiffness or limitation of movement	
Dry or irritated		<b>HEART</b>		Pains or aches in muscles	
Light sensitivity		Irregular or rapid heartbeat		Tremors or restless leg	
Watery / Itchy		Rapid or pounding heartbeat		Persistent numbness	
Dark circles		Chest pain		Feeling of weakness or tiredness	
<b>TOTAL</b>		Numbness or tingling in extremities		<b>TOTAL</b>	
<b>NOSE</b>		High blood pressure		<b>WEIGHT</b>	
Stuffy nose		Cold extremities		Binge eating or drinking	
Sinus problems		<b>TOTAL</b>		Cravings for certain foods	
Hay fever		<b>LUNGS</b>		Excessive weight	
Sneezing attacks		Chest Congestion		Compulsive eating	
Excessive mucus		Asthma / Bronchitis		Water retention	
<b>TOTAL</b>		Chronic coughing		Underweight	
<b>MOUTH</b>		Shortness of breath		<b>TOTAL</b>	
Gagging or frequent throat clearing		Difficulty breathing			
Sore throat, hoarseness or loss of voice		<b>TOTAL</b>			

<b>ENERGY</b>	
Fatigue / Sluggishness	
Apathy / Lethargy	
Hyperactivity	
Restlessness	
<b>TOTAL</b>	
<b>MIND</b>	
Poor memory	
Confusion / Poor comprehension	
Poor concentration or focus	
Poor physical coordination	
Difficulty making decisions	
Stuttering or stammering	
Word-finding difficulties	
Learning disabilities	
<b>TOTAL</b>	
<b>MOOD</b>	
Mood swings	
Anxiety / Irritability / Aggressiveness	
Depression	
Chronic stress	
Other mood challenges	
<b>TOTAL</b>	
<b>OTHER</b>	
Frequent illness	
Frequent or urgent urination	
Inability to urinate or low urine flow	
Low libido or other sexual dysfunction	
Genital itch, discharge or known yeast infections	
Breast fibroids	
Painful or tender breasts	
<b>TOTAL</b>	
<b>QUESTIONNAIRE SCORE</b>	

## WHAT'S MY SCORE MEAN?

**Optimal = Less than 10**

**Mild Imbalance = 11-50**

**Moderate Imbalance = 51-100**

**Significant Imbalance = 100+**

**If you've tallied a score of less than 10**, bravo! What you're doing is working. Keep it up.

**If you've tallied a score of mild to moderate imbalance**, pause for moment to consider where your life may not be at ease. Food? Sleep? Relationships? Movement? Stress? It's amazing what an impact even small changes in the most important area can have on improvement.

**If your score is higher than 100**, it may be time to reconnect with your health care provider or seek help from wellness partner like a health coach.

\*Source: Adapted from the Institute of Functional Medicine