

# 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.

<b>SCALE OF SYMPTOM POINTS</b>	<b>Grand Total:</b>	<b># Missed Work Days</b>
<p><b>IF you did not suffer from the symptom ever or almost never, leave it blank.</b></p> <p>1 = <b>OCCASIONALLY</b> (less than 2 times per week), and symptom was <b>MILD</b></p> <p>2 = <b>FREQUENTLY</b> (2 or more times per week), and symptom was <b>MILD</b></p> <p>3 = <b>OCCASIONALLY</b> (less than 2 times per week), and symptom was <b>SEVERE</b></p> <p>4 = <b>FREQUENTLY</b> (2 or more times per week), and symptom was <b>SEVERE</b></p>		

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;"><b>CONSTITUTIONAL</b></td></tr> <tr><td style="width: 5%;"></td><td>Fatigue (sluggish, tired)</td></tr> <tr><td></td><td>Hyperactive (nervous energy)</td></tr> <tr><td></td><td>Restless (can't relax/sit still)</td></tr> <tr><td></td><td>Daytime sleepiness</td></tr> <tr><td></td><td>Insomnia at night</td></tr> <tr><td></td><td>Malaise (feeling lousy)</td></tr> <tr><td></td><td>Seizures</td></tr> <tr><td></td><td style="text-align: right;">TOTAL (0-28)</td></tr> <tr><td colspan="2" style="text-align: center;"><b>EMOTIONAL/MENTAL</b></td></tr> <tr><td></td><td>Depression</td></tr> <tr><td></td><td>Anxiety (fears, uneasiness)</td></tr> <tr><td></td><td>Mood swings (rapid changes)</td></tr> <tr><td></td><td>Irritability</td></tr> <tr><td></td><td>Forgetfulness</td></tr> <tr><td></td><td>Lack of concentration/Brain fog</td></tr> <tr><td></td><td>Low sex drive</td></tr> <tr><td></td><td style="text-align: right;">TOTAL (0-28)</td></tr> <tr><td colspan="2" style="text-align: center;"><b>HEAD/EARS</b></td></tr> <tr><td></td><td>Headache (not migraine)</td></tr> <tr><td></td><td>Migraine</td></tr> <tr><td></td><td>Earache</td></tr> <tr><td></td><td>Ear infection</td></tr> <tr><td></td><td>Ringing in ears</td></tr> <tr><td></td><td>Itchy ears</td></tr> <tr><td></td><td>Discharge from ears</td></tr> <tr><td></td><td>Sensitivity to sound</td></tr> <tr><td></td><td style="text-align: right;">TOTAL (0-32)</td></tr> <tr><td colspan="2" style="text-align: center;"><b>SKIN</b></td></tr> <tr><td></td><td>Blemishes, acne</td></tr> <tr><td></td><td>Rashes or hives</td></tr> <tr><td></td><td>Eczema or psoriasis</td></tr> <tr><td></td><td>"Rosy" cheeks</td></tr> <tr><td></td><td>Flushing</td></tr> <tr><td></td><td>Itchy skin</td></tr> <tr><td></td><td style="text-align: right;">TOTAL (0-24)</td></tr> </table>	<b>CONSTITUTIONAL</b>			Fatigue (sluggish, tired)		Hyperactive (nervous energy)		Restless (can't relax/sit still)		Daytime sleepiness		Insomnia at night		Malaise (feeling lousy)		Seizures		TOTAL (0-28)	<b>EMOTIONAL/MENTAL</b>			Depression		Anxiety (fears, uneasiness)		Mood swings (rapid changes)		Irritability		Forgetfulness		Lack of concentration/Brain fog		Low sex drive		TOTAL (0-28)	<b>HEAD/EARS</b>			Headache (not migraine)		Migraine		Earache		Ear infection		Ringing in ears		Itchy ears		Discharge from ears		Sensitivity to sound		TOTAL (0-32)	<b>SKIN</b>			Blemishes, acne		Rashes or hives		Eczema or psoriasis		"Rosy" cheeks		Flushing		Itchy skin		TOTAL (0-24)	<table border="1" style="width: 100%; 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