

SYMPTOM REVIEW: Name _____ **Date:** _____

INSTRUCTIONS Please read each section below carefully and, after each numbered symptom, place an X in the column which best describes how that symptom for you.

		Almost Never <i>None</i>	Rarely <i>Mild</i>	Often <i>Moderate</i>	Almost Always <i>Severe</i>
SECTION A	1. Stomach easily upset after eating				
	2. Bloating in stomach, upper abdomen . . .				
	3. Burping or belching . . .				
	4. Feeling of undigested food in stomach				
	5. Uncomfortable fullness in stomach . . .				
	6. Known or suspected food allergies . . .				
	7. Fullness after small amounts of food . . .				

SECTION B	1. Burning or gnawing stomach pain				
	2. Heartburn or indigestion				
	3. Pain relieved by antacids				
	4. Stomach pain from stress or spicy foods . . .				
	5. Wake at night with stomach pain . . .				
	6. Pain temporarily improved by eating				
	7. History of ulcer, gastritis, or antacid use . . .				
	8. Nausea after eating				
	9. Use of aspirin or anti-inflammatory drugs				

SECTION C	1. Bloating 1-2 hours or more after eating				
	2. Bloating in lower abdomen . . .				
	3. Foul-smelling stools or gas . . .				
	4. Shiny or loose, floating stools . . .				
	5. Abdominal pain				
	6. Diarrhea . . .				
	7. Food allergies . . .				
	8. Difficulty gaining weight . . .				
	9. Undigested food in stools . . .				

SECTION D	1. Constipation and/or diarrhea				
	2. Abdominal pain or bloating				
	3. Mucus or blood in stool				
	4. Joint pain, swelling or arthritis . . .				
	5. Chronic or frequent fatigue or tiredness				
	6. Food allergy or food sensitivities or intolerance				
	7. Sinus or nasal congestion . . .				
	8. Chronic or frequent inflammations				
	9. Eczema, skin rashes or hives				
	10. Asthma, hayfever or airborne allergies				
	11. Confusion, poor memory or mood swings				
	12. Anti-inflammatory drug use (aspirin, tylenol etc)				
	13. History of antibiotic use . . .				
	14. Alcohol consumption . . .				

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SECTION M	1. Chest pain during deep breathing				
	2. Chronic cough				
	3. Cough up phlegm				
	4. Recurrent respiratory infections				
	5. Smoker				
	6. Wheezing				
	7. Shortness of breath				
	8. Heavy feeling or tightness in chest				

SECTION N	1. Frequent urination				
	2. Recurrent bladder or kidney infections				
	3. Painful urination				
	4. Cloudy, red, or brownish urine				
	5. Strong smelling urine				
	6. Pain in mid to lower back				
	7. Water retention or ankle swelling				
	8. Difficulty urinating				
	9. Urinary leakage or incontinence				

SECTION O	1. Stiff, painful or swollen joints				
	2. Recent bone fracture				
	3. Known or suspected osteoporosis				
	4. Leg cramps at night				
	5. Muscle spasms or cramps				
	6. Back pain				
	7. Bursitis or tendonitis				
	8. Stiff all over				
	9. Pain in neck and shoulders				
	10. Post-menopausal (women)				

SECTION P	1. Difficulty falling asleep at night				
	2. Restless at night				
	3. Leg cramps at night				
	4. Wake up often during night				
	5. Mental activity interferes with sleep				

SECTION Q (Women only)					
a) Symptoms within 2 weeks before period:					
	1. Weight gain				
	2. Depression or irritability				
	3. Sore or swollen breasts				
	4. Abdominal bloating or swelling				
	5. Low back ache				
	6. Crave sweets				
	7. Other symptoms worse at this time				
	8. Headaches				

	Almost Never <i>None</i>	Rarely <i>Mild</i>	Often <i>Moderate</i>	Almost Always <i>Severe</i>	
b) General symptoms:					
1. Vaginal itching					
2. Recurrent vaginal discharge					
3. Irregular periods					
4. Heavy bleeding during period					
5. Breast lumps					
6. Breasts sore to touch					
7. Bad cramps during period					

c) Menopause or pre-menopause symptoms:					
1. Hot flashes					
2. Mood swings					
3. Insomnia					
4. Erratic or missed periods					
5. Dryness of skin, hair, vagina					
6. Painful intercourse					
7. Known or suspected osteoporosis					
8. Hysterectomy					

SECTION R (Men only)

1. Difficult urination					
2. Dribbling after urination					
3. Painful ejaculation					
4. Painful urination					
5. Low sex drive					
6. Straining with urination					
7. Uncomfortable feeling of bladder fullness					
8. Difficulty stopping flow					
9. Still feel need to urinate after voiding					

SECTION S

1. Aching in bones					
2. Aching in back					
3. Fracture of vertebrae or hip, Brittle bones					
4. High protein diet					
5. Eat processed, refined or convenience foods					
6. Drink carbonated beverages					
7. Drink coffee					
8. High salt diet					
9. High fat diet					
10. Sugar in diet					
11. Excessive stress					
12. Physical inactivity					

SECTION T

1. Fatigue, weakness					
2. Difficulty concentrating					
3. Headache					
4. Dizziness					
5. Poor memory					
6. Skin rashes					
7. Joint pain					
8. Mood swings					
9. Insomnia					
10. Frequent colds or flu					
11. Allergies					
12. Tremors					
13. History of exposure to toxins					