

Initial Symptom Survey

Date:	Patient Name:	Practitioner: Teresa Hansen, CLT
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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		MUSCULOSKELETAL	
Fatigue (sluggish, tired)	Post nasal drip		Joint pains
Hyperactive (nervous energy)	Sinus pain		Stiff joints
Restless (can't relax/sit still)	Runny nose		Muscle aches
Daytime sleepiness	Stuffy nose		Stiff muscles
Insomnia at night	Sneezing		Tics (facial or otherwise)
Malaise (feeling lousy)	TOTAL (0-20)		Muscle spasms
Seizures	MOUTH/THROAT		Muscle cramps
TOTAL (0-28)	Sore throat		TOTAL (0-28)
EMOTIONAL/MENTAL		CARDIOVASCULAR	
Depression	Swollen throat		Irregular heartbeat
Anxiety (fears, uneasiness)	Swelling/burning lips/tongue		High blood pressure
Mood swings (rapid changes)	Gagging/throat clearing		TOTAL (0-8)
Irritability	Canker sores	DIGESTIVE	
Forgetfulness	Difficulty swallowing		Heartburn/reflux
Lack of concentration/Brain fog	TOTAL (0-24)		Stomach pains/cramps
HEAD/EARS		LUNGS	
Headache (not migraine)	Wheezing		Intestinal pains/cramps
Migraine	Chest congestion		Constipation
Earache	Dry cough		Diarrhea
Ear infection	Wet cough		Bloating sensation
Ear infection	Shortness of breath		Gas (of any kind)
Ringing in ears	TOTAL (0-20)		Nausea
Itchy ears	EYES		Vomiting
Discharge from ears	Red or swollen eyes		Painful elimination
Sensitivity to sound	Watery eyes		TOTAL (0-40)
TOTAL (0-32)	Itchy eyes	WEIGHT MANAGEMENT	
	Dark circles or "bags"	Weight: _____ pounds	
	Sensitivity to light		Fluctuating weight
SKIN			Food cravings
Blemishes, acne	Aura (visual or other)		Water retention
Rashes or hives	TOTAL (0-24)		Binge eating or drinking
Eczema or psoriasis	GENITOURINARY		Purging (all methods)
"Rosy" cheeks	Increased urinary frequency		TOTAL (0-20)
Flushing	Painful urination	LIST OTHER SYMPTOMS:	
Itchy skin	Bladder pain		
TOTAL (0-24)	Bedwetting		
	TOTAL (0-16)		

Return to Teresa Hansen, CLT chefteresahansen@gmail.com