SYMPTOMS QUESTIONNAIRE

WELLNESS LIVING AND NUTRITION

0 = Never or almost never have the symptom
1 = Occasionally have it, effect is not severe
2 = Occasionally have, effect is severe
3 = Frequently have it, effect is not severe
4 = Frequently have it, effect is severe

___ Headaches or migraines
___ Lightheadedness/dizziness Fainting
___ Sleeping difficulties
___ Watery or itchy eyes
___ Hair loss
___ Hair growth on face and/or chest
___ Skin changes/hives/rashes
___ Itchy skin
___ Tingling sensation in hands or feet
___ Memory problems
___ Difficulty making decisions
___ Problems with teeth or gums
___ Sore throat
___ Swollen glands
___ Cold intolerance
___ Heat intolerance
___ Flushing or hot flashes
___ Reflux or indigestion (heartburn)
___ Constipation
___ Diarrhea
___ Bloating
___ Intestinal pain
___ Belching or frequent passing gas
___ Irregular menstrual periods
___ Absent menstrual periods
___ Chest pains
___ Rapid heartbeat
___ Shortness of breath
___ Asthma
___ Mood swings
___ Episodes of crying for "no reason"
___ Confusion
___ PMS symptoms
___ Genital itch or discharge
___ Irritability
___ Anger or aggressiveness
___ Difficulty concentrating
___ Obsessive-compulsive behaviors
___ Feelings of depression
___ Anxiety or fear
___ Cravings
___ Frequently tired/ chronic fatigue
___ Frequent colds or illness
___ Allergies
___ Stuffy nose
___ Sinus problems
___ Chronic cough
___ Frequent need to clear throat
___ Sore throat, hoarseness, loss of voice
___ Swollen/discolored tongue, gum, lips
___ Acne
___ Ear aches
___ Autoimmune condition
___ Taste changes
___ Muscle pain
___ Joint pain
___ Stiffness

GRAND TOTAL_____

- Optimal is less than 10
- Mild Toxicity: 10-50
- Moderate Toxicity: 50-100
- Severe Toxicity: over 100