Patient Name:		Date:	
INSTRUCTIONS: Using the "Scale Points" listed to the right, score every on your experience OVER THE PAS subtotal each category. Add the subt the "Grand Total" at the bottom of the	symptom based T 30 DAYS, then otals and record he form Leave blank if you Di 1 = Mild and Occasio 2 = Mild and Freque 3 = Severe and Occa	Scale of Symptom Points Leave blank if you DID NOT experience the symptom 1 = Mild and Occasional (less than 2 times per week) 2 = Mild and Frequent (2 or more times per week) 3 = Severe and Occasional (less than 2 times per week) 4 = Severe and Frequent (2 or more times per week)	
CONSTITUTIONAL	NASAL/SINUS	MUSCULOSKELETAL	
	-		
Fatigue	Post nasal drip	Joint pains	
Hyperactive	Sinus pain	Stiff joints	
Restless	Runny nose	Muscle aches	
Daytime sleepiness	Stuffy nose	Stiff muscles	
Insomnia at night Malaise (feeling lousy)	Sneezing	Tics (facial or otherwise)	
	TOTAL (0-20)	Muscle spasms	
Seizures	MOUTH/THROAT	Muscle cramps	
TOTAL (0-28)	•	TOTAL (0-28)	
EMOTIONAL/MENTAL	Sore throat	CARDIOVASCULAR	
Depression	Swollen throat		
Anxiety	Burning lips/tongue	Irregular heartbeat	
-	Swelling lips/tongue	High blood pressure	
Mood swings	Gagging/throat clearing	TOTAL (0-8)	
Irritability	Canker sores	DIGESTIVE	
Forgetfulness	Difficulty swallowing	Heartburn/reflux	
Lack of concentration	TOTAL (0-28)		
Brain fog	LUNGS		
Low sex drive		Intestinal pains/cramps	
TOTAL (0-32)	Wheezing	Constipation	
HEAD/EARS	Chest congestion	Diarrhea	
Headache (not migraine)	Dry cough	Bloating sensation	
Migraine	Wet cough	Gas (of any kind)	
Earache	Shortness of breath	Nausea	
Ear infection	TOTAL (0-20)	Vomiting	
	EYES	Painful elimination	
Ringing in ears	Red or swollen eyes	TOTAL (0-40)	
Itchy ears		WEIGHT MANAGEMENT	
Discharge from ears	Watery eyes		
Sensitivity to sound	Itchy eyes	Current weight:	
TOTAL (0-32)	Dark circles or "bags"	Fluctuating weight	
SKIN	Sensitivity to light	Food cravings	
Blemishes, acne	Aura	Water retention	
Rashes or hives	TOTAL (0-24)	Binge eating or drinking	
Eczema	GENITOURINARY	Purging (all methods)	
	Increased urinary frequency	TOTAL (0-20)	
Psoriasis	Painful urination		
"Rosy" cheeks			
Flushing	Bladder pain		
Itchy skin	Bedwetting		



TOTAL (0-16)

GRAND TOTAL

Bedwetting

TOTAL (0-28)



Patient Name:		Date:
On a scale of 1 to 10, how closely d	lid you follow your eating plan this week? 1	2 3 4 5 6 7 8 9 10 all ◀ (Circle Number) ▶ Perfect Adherance
INSTRUCTIONS: Using the Points" listed to the right, scor on your experience OVER T subtotal each category. Add the "Grand Total" at the bott	Leave blank in the subtotals and record as Severe are	rymptom Points f you DID NOT experience the symptom Occasional (less than 2 times per week) Frequent (2 or more times per week) ad Occasional (less than 2 times per week) ad Frequent (2 or more times per week)
CONSTITUTIONAL	NASAL/SINUS	MUSCULOSKELETAL
Fatigue	Post nasal drip	Joint pains
Hyperactive	Sinus pain	Stiff joints
Restless	Runny nose	Muscle aches
Daytime sleepiness	Stuffy nose	Stiff muscles
nsomnia at night	Sneezing	Tics (facial or otherwise)
Malaise (feeling lousy)	TOTAL (0-20)	Muscle spasms
Seizures		-
TOTAL (0-28)	MOUTH/THROAT	Muscle cramps TOTAL (0-28)
TRACTIONIAL /RAFRITAL	Sore throat	
EMOTIONAL/MENTAL	Swollen throat	CARDIOVASCULAR
Depression	Burning lips/tongue	Irregular heartbeat
Anxiety Mood swings	Swelling lips/tongue	High blood pressure
rritability	Gagging/throat clearing	TOTAL (0-8)
Forgetfulness	Canker sores	DIGESTIVE
ack of concentration	Difficulty swallowing	Heartburn/reflux
Brain fog	TOTAL (0-28)	Stomach pains/cramps
Low sex drive	LUNGS	Intestinal pains/cramps
TOTAL (0-32)	Wheezing	Constipation
TOTAL (0 32)	Chest congestion	Diarrhea
HEAD/EARS	Dry cough	Bloating sensation
Headache (not migraine)	Wet cough	Gas (of any kind)
Migraine	Shortness of breath	Nausea
Earache	TOTAL (0-20)	Vomiting
ar infection		Painful elimination
Ringing in ears	EYES	TOTAL (0-40)
tchy ears	Red or swollen eyes	
Discharge from ears	Watery eyes	WEIGHT MANAGEMENT
Sensitivity to sound	Itchy eyes	Current weight:
TOTAL (0-32)	Dark circles or "bags"	Fluctuating weight
SKIN	Sensitivity to light	Food cravings
	Aura	Food cravings Water retention
Blemishes, acneRashes or hives	TOTAL (0-24)	Binge eating or drinking
	GENITOURINARY	Purging (all methods)
Eczema Psoriasis	Increased urinary frequency	TOTAL (0-20)
'Rosy" cheeks	Painful urination	LIST OTHER SYMPTOMS:
Flushing	Bladder pain	LIST OTTILITY STIVIF TOWNS.
tchy skin	Bedwetting	AITH FERS
TOTAL (0-28)	TOTAL (0-16)	
101AL (0-20)	101AL (0-10)	

