

Symptom Assessment Form

If any of the following symptoms have occurred within the last 3 months, please indicate by writing:

1 for mild or rare, **2** for moderate or regular, **3** for frequent or severe

Leave blank if the symptom does not apply.



Symptom	Score
General fatigue	
Shortness of breath climbing stairs	
Difficulty losing weight	
Difficulty gaining weight	
Frequent infections	
Stressful lifestyle	
Drinking more than 2 cups of coffee per day	
Smoking	
More than 2 alcoholic drinks /day	
Bad breath	
Body odour	
Constipation	
Bags under eyes	
Dark circles under eyes	
Crave sugar, alcohol, or starchy carbs	
Crave salty food	
Difficulty digesting any foods	
Used antibiotics in past year	
Allergies	
Poor concentration or memory	
Belching or burping after meals	
Feeling bloated after meals	
Dry skin	
Acne	
Exposure to toxins/ chemicals	
Mood swings	
Brittle nails or hair	
Hair falling out or eyebrows thin without plucking	
Depressed	
Irritable	
Deep fried food consumption or fast food	
Anxiety	

Insomnia or restless sleep	
Low fibre diet (fruit, veggies, beans, whole grains)	
Muscle cramps	
Slow wound healing	
Females – menstrual cramps	
Bronchitis/ asthma	
Cellulite	
Abdominal fat	
Cold hands or feet	
Varicose veins	
Visible blood vessels on nose or face	
Yellow skin or whites of eyes look yellow	
Food sensitivities	
Frequent yeast infections	
Joint stiffness or swelling	
Tendon pain or swelling	
Gout	
Bad posture	
Muscle weakness	
Numbness or tingling in extremities	
Impotence	
Long term Advil use	
Long term Tylenol use	
Long term Aspirin use	
Blood in stool	
Striations in fingernails or deformed fingernails	
Dizziness, weakness or moody if meal skipped	
Gall stones	
Midnight snacking	
Headaches	
Heartburn	
White tongue	
Itchy skin	
Loss of sex drive	
Frequent bladder infections	
Abnormal muscle aches	
Grinding teeth	
Snoring	
Skip heartbeats, fluttery feeling in chest or rapid pulse	
Excess sweating	

Sleep more than 9 hours per day	
Swollen hands, ankles, or feet	
ringing in ears	
Blurred vision	
Irritable bowel	
Pale skin	
Nose bleeds	
Canker sores	
Unexplained weight loss	
Increased appetite	
Frequent urination	
Urine or breath has sweet/fruity odour	
Feeling abnormally hot	
Feeling abnormally cold	
Neck and shoulder tension	
Excessive mucus	