

SYMPTOM RESPONSE SHEET

NAME: _____ DATE: _____

Using the codes listed below, please indicate a number from 0 - 4 next to each symptom to describe what you have experienced in the last 3 months.

CODE: 0 = Never; 1 = Rarely; 2 = Occasionally; 3 = Often; 4 = Always; 5=No Comment

Ear Nose Throat	Cold Extremities	Loss of Interests or Hobbies
Headache	Blue / White Fingers	Insomnia
Dizziness	Intestines	Clumsiness
Unsteadiness	Fever Blister on Lips	Explosive Behavior
Feeling Faint	Sores in Nose	Bizarre Behavior
Lightheadedness	Coated Tongue	Aggressive Behavior
Ringing in Ears	Chest Pain	Burning Sensation
Ear Buzzing	Belching	Genitals / Bladder
Ear Pain	Constipation	Excessive Vaginal Discharge
Ear Fullness	Nausea	Vaginal Itching
Hearing Loss	Vomiting	Irregular Menses
Aching Ears	Choking Feeling	Menstrual Cramps
Blood Shot Eyes	Difficulty Swallowing	Premenstrual Symptoms
Dark Circles Under Eyes	Indigestion	Genital Herpes
Glare Sensitivity	Gas	Lack of Sexual Interest
Swollen Eye Lids	Abdominal Cramps	Impotence
Crusted Eye Lids	Diarrhea	Jock Itch
Runny Nose	Pants Soiling	Painful Urination
Sneezing	Hunger Pangs	Accidental pants wetting
Post Nasal Drip	Excessive Salivation	Bladder Pain or Discomfort
Burning Nose	Bloating	Urinary Tract Infections
Stopped Up Nose	Heartburn	Bed Wetting
Nose Bleed	Rectal Bleeding	Skin
Itching Nose	Mucous in Stool	Very Pale Face
Frequent Clearing of Throat	Blood in Stool	Eczema
Sore Throat	Muscles / Joints	Rash
Mouth Ulcers	Leg Pains	Hives
Metallic Taste in Mouth	Muscle Cramps	Acne
Swelling of Lips	Muscle Aches or Pains	Itching
Lungs	Muscle Spasms, Twitching	Sweating
Hoarseness	Muscle Weakness	Bruising
Loss of Voice	Restless Legs at Night	Dry Skin
Dry Cough	Stiff Joints	Split Nails
Productive Cough	Painful Joints	Bitter Tasting Sweat
Shortness of Breath	Swelling of Joints	White Spots in Nails
Asthma, Wheezing	Redness or warmth of joints	Dry Mouth
Air Hunger	Bone pain	Miscellaneous
Chest Tightness	Brain / Nerve	Heat Sensitivity
Sinusitis	Weakness	Cold Sensitivity
Bronchitis	Fatigue	Poor Weight Gain
Frequent Colds	Depression	Fever or Unknown Origin
Heart	Irritability	Recurrent Infections
Irregular Heartbeat	Hyperactivity	Excessive Sweat
Rapid Heartbeat	Impulsiveness	Food Cravings
Pounding Heart / Palpitations	Restlessness	Reactions to Insect Stings
Low Blood Pressure	Nervousness	Reaction to Poison Oak or Ivy
High Blood Pressure	Anxiety	Weight Increase / Loss
Fainting Spells	Fear	Loss of Appetite
Numbness	Difficulty Making Decisions	Hair Loss
Tingling	Amnesia	Lymph Gland Swelling
Flushing / Blushing	Short-Term Memory Loss	Feeling of Tension in Face
Chilling	Mental Confusion	Trembling of Hands
Sweating Spells	Learning Problems	Fungal Infections
Night Sweats	Lack of Concentration	Change in Ability to Smell
Swelling Hands and Feet	Difficulty Finding Words	Feeling of Lump in Throat
Pins and Needles Sensation	Mixing Up Words and Syllables	Feel Great All Day