

# Symptom Checklist

Assess your symptoms before and after your Six-Week Elimination Program.

- 0. Never have the symptom
- 1. Rarely have the symptom
- 2. Occasionally have the symptom, effect not severe
- 3. Occasionally have symptom, effect is severe
- 4. Frequently have it, effect is not severe
- 5. Frequently have symptom, effect is severe

## Head

- \_\_\_\_ headaches
- \_\_\_\_ faintness
- \_\_\_\_ dizziness
- \_\_\_\_ insomnia drowsiness
- \_\_\_\_ other

# Eyes

- \_\_\_\_ watery or itchy
- \_\_\_\_ swollen, or sticky eyelids
- \_\_\_\_ dark circles under eyes
- \_\_\_\_ blurred vision
- \_\_\_\_ spots before eyes
- \_\_\_\_ other

## Ears

- \_\_\_\_ itchy ears
- \_\_\_\_ ear aches, ear infections
- \_\_\_\_ drainage from ear
- \_\_\_\_ ringing in ears
- \_\_\_\_ fullness in ears
- \_\_\_\_ other

#### Nose

- \_\_\_\_ stuffy nose, smell altered
- \_\_\_\_ sinus problems
- \_\_\_\_ hay fever
- \_\_\_\_ sneezing attacks
- \_\_\_\_ excessive mucous
- \_\_\_\_ other

# Mouth & Throat

- \_\_\_\_ chronic coughing
- \_\_\_\_\_ frequently clearing throat
- \_\_\_\_\_ frequent sore throat
- \_\_\_\_ hoarseness
- \_\_\_\_ metallic taste
- \_\_\_\_ canker sores
- \_\_\_\_ dry or itching mouth
- \_\_\_\_ other

# **Digestive Tract**

- \_\_\_\_ nausea or vomiting
- \_\_\_\_ diarrhea
- \_\_\_\_ constipation
- \_\_\_\_ bloated feeling
- \_\_\_\_ belching or passing gas
- \_\_\_\_ stomach pains or cramps
- \_\_\_\_ heartburn
- \_\_\_\_ other

# Joints & Muscles

- \_\_\_ pains or aches in joints
- \_\_\_\_ arthritis
- \_\_\_\_ stiffness
- \_\_\_\_ pains or aches in muscles
- \_\_\_\_ weakness
- \_\_\_\_ numbness
- \_\_\_\_ swelling in hands or feet
- \_\_\_\_ other

#### Heart

- \_\_\_\_ irregular heartbeat
- rapid or pounding heart
- \_\_\_\_ chest pain
- \_\_\_\_ other

# Energy & Activity

- \_\_\_\_ restlessness
- \_\_\_\_ fatigue, sluggishness
- \_\_\_\_ apathy, lethargy
- \_\_\_\_ hyperactivity

## Skin

- \_\_\_\_ acne
- \_\_\_\_ hives, rash or dry skin
- \_\_\_\_ hair loss
- \_\_\_\_ flushing or hot flashes
- \_\_\_\_ excessive sweating
- \_\_\_\_ change in color
- \_\_\_\_ dandruff
- \_\_\_\_ other

#### Lungs

- \_\_\_\_ chest congestion
- \_\_\_\_ asthma, bronchitis
- \_\_\_\_ shortness of breath
- \_\_\_\_ difficulty breathing

# Weight

present weight \_\_\_\_ pounds

- \_\_\_\_ binge eating/drinking
- \_\_\_\_ water retention
- \_\_\_\_ crave certain foods which ones

#### Mind

- \_\_\_\_ poor memory
- \_\_\_\_ poor comprehension
- \_\_\_\_ poor concentration
- \_\_\_\_ poor physical coordination \_\_\_\_ difficulty making decisions
- \_\_\_\_ stuttering
- \_\_\_\_ Learning disabilities
- \_\_\_\_ other

## Other

\_\_\_\_ frequent illness

\_\_\_\_\_ frequent/urgent urination

\_\_\_\_ genital itch or discharge

# Emotions

- \_\_\_\_ mood swings
- \_\_\_\_ anxiety, fears
- \_\_\_\_ nervousness
- \_\_\_\_ anger, irritability
- \_\_\_\_ aggressiveness \_\_\_\_ depression
- \_\_\_\_ other

\_\_\_\_ anything else?

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