

Assignment 4

Symptom Checklist

Assess your symptoms before and after your Six-Week Substitution Program to measure what progress you've made. Photocopy this checklist and measure your general state of health from time to time.

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

Mouth & Throat

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

Ears

- itchy ears
- ear aches, ear infections
- drainage from ear
- ringing in ears, hearing loss
- fullness of ears
- other

Nose

- stuffy nose, smell altered
- sinus problems
- hay fever
- sneezing attacks
- excessive mucous
- 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 heart beat
- rapid or pounding heart
- chest pain
- other

Energy & Activity

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

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

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?

Emotions

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

anything else?

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