

*Eat with Erin Initial Symptom Survey

INSTRUCTIONS: Score every symptom based on your experience OVER THE PAST MONTH. Using the SCALE OF SYMPTOM POINTS listed below, FILL IN the appropriate score to the right of EVERY symptom listed. Fill in the "Grand Total" at the bottom. Also note the number of missed work days you have had in the last month due to illness.

July 26, 2023
Erin Lopynski Pasky

SCALE OF SYMPTOM POINTS

IF you did not suffer from the symptom ever or almost never, leave it blank.

1 = **OCCASIONALLY** (less than 2 times per week) and symptom **was MILD**

2 = **FREQUENTLY** (2 or more times per week) and symptom **was MILD**

3 = **OCCASIONALLY** (less than 2 times per week) and symptom **was SEVERE**

4 = **FREQUENTLY** (2 or more times per week) and symptom **was SEVERE**

CONSTITUTIONAL

	Score
Fatigue (sluggish, tired)	
Hyperactive (nervous energy)	
Restless (can't relax/sit still)	
Daytime sleepiness	
Insomnia at night	
Malaise (feeling lousy)	
Seizures	
TOTAL (0-28)	

EMOTIONAL/MENTAL

	Score
Depression	

Anxiety (fears, uneasiness)	
Mood swings (rapid changes)	
Irritability	
Forgetfulness	
Lack of concentration/Brain fog	
Low sex drive	
TOTAL (0-28)	

HEAD/EARS

	Score
Headache (not migraine)	
Migraine	
Earache	
Ear infection	
 ringing in ears	
Itchy ears	
Discharge from ears	
Sensitivity to sound	
TOTAL (0-32)	

SKIN

	Score
Blemishes, acne	
Rashes or hives	
Eczema or psoriasis	
“Rosy” cheeks	
Flushing	
Itchy skin	
TOTAL (0-24)	

NASAL/SINUS

	Score
Post nasal drip	

Sinus pain	
Runny nose	
Stuffy nose	
Sneezing	
TOTAL (0-20)	

MOUTH/THROAT

	Score
Sore throat	
Swollen throat	
Swelling/burning lips/tongue	
Gagging/throat clearing	
Canker sores	
Difficulty swallowing	
TOTAL (0-24)	

LUNGS

	Score
Wheezing	
Chest congestion	
Dry cough	
Wet cough	
Shortness of breath	
TOTAL (0-20)	

EYES

	Score
Red or swollen eyes	
Watery eyes	
Itchy eyes	
Dark circles or "bags"	
Sensitivity to light	
Aura	

TOTAL (0-24)	
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GENITOURINARY

	Score
Increased urinary frequency	
Painful urination	
Bladder pain	
Bedwetting	
TOTAL (0-16)	

MUSCULOSKELETAL

	Score
Joint pains	
Stiff joints	
Muscle aches	
Stiff muscles	
Tics (facial or otherwise)	
Muscle spasms	
Muscle cramps	
TOTAL (0-28)	

CARDIOVASCULAR

	Score
Irregular heartbeat	
High blood pressure	
TOTAL (0-8)	

DIGESTIVE

	Score
Heartburn/reflux	
Stomach pains/cramps	
Intestinal pains/cramps	
Constipation	

Diarrhea	
Bloating sensation	
Gas (of any kind)	
Nausea	
Vomiting	
Painful elimination	
TOTAL (0-40)	

LIST OTHER SYMPTOMS:

	Score
Add rows for each symptom then score it	

Grand Total:

Missed Work Days