

Health Profile

Name _____

Date _____

On a scale of 0 to 4 rate each of the following symptoms based upon your typical health profile for the past 30 days.

- 0** - Never or almost never have the symptoms
- 1** - Occasionally have it, effect is not severe
- 2** - Occasionally have it, effect is severe
- 3** - Frequently have it, effect is not severe
- 4** - Frequently have it, effect is severe

Total Score

Area	Description	Ratings	Total
Head	Headaches		
	Faintness		
	Dizziness		
	Insomnia		
Eyes	Watery or itchy		
	Swollen, reddened or sticky eyelids		
	Bags or dark circles under eyes		
	Blurred or tunnel vision (does not include near or farsightedness)		
Ears	Itchy		
	Aches, or infections		
	Drainage from ear		
	Ringling in ears, or hearing loss		
Nose	Stuffy		
	Sinus problems		
	Hay fever		
	Sneezing attacks		
	Excessive mucus formation		
Mouth & Throat	Chronic coughing		
	Gagging, frequent need to clear throat		
	Sore throat, hoarseness, loss of voice		
	Swollen or discolored tongue, gums or lips		
	Canker sores		
Skin	Acne		
	Hives, rashes, dry skin		
	Hair loss		
	Flushing, hot flashes		
	Excessive sweating		
Heart	Irregular or skipped heartbeat		
	Rapid or pounding heartbeat		
	Chest pain		



Lungs	Chest congestion		
	Asthma, bronchitis		
	Shortness of breath		
	Difficulty breathing		
Digestive Tract	Nausea, vomiting		
	Diarrhea		
	Constipation		
	Bloated feeling		
	Belching, passing gas		
	Heartburn		
Joints & Muscles	Intestinal pain		
	Pain or aches in joints		
	Arthritis		
	Stiffness or limitation of movement		
	Pain or aches in muscles		
Weight	Feeling of weakness or tiredness		
	Binge eating or drinking		
	Craving certain foods		
	Excessive weight		
	Compulsive eating		
	Water retention		
Energy Level	Underweight		
	Fatigue, sluggishness		
	Apathy, lethargy		
	Hyperactivity		
Mind	Restlessness		
	Poor memory		
	Confusion, poor comprehension		
	Poor concentration		
	Poor physical coordination		
	Difficulty in making decisions		
	Stuttering or stammering		
	Slurred speech		
Emotions	Learning disabilities		
	Mood swings		
	Anxiety, fear, nervousness		
	Anger, irritability, aggressiveness		
Other	Depression		
	Frequent illness		
	Frequent or urgent urination		
	Genital itch or discharge		
		Grand Total	