

Symptom Score

This screening questionnaire is borrowed from the Institute for Functional Medicine (www.IFM.org) and is used to assess the underlying causes of illness and track progress. Rate each of the following symptoms based on your health for the past two weeks. Please score from 0 to 4 according to the scale below.

| | | | | |
|-----------------|--|--|--------------------------------------|--|
| 0 - 😊 | 1 - 😊 | 2 - 😊 | 3 - 😞 | 4 - 😞 |
| Never have this | Occasionally have this (mild symptoms) | Occasionally have this (severe symptoms) | Frequently have this (mild symptoms) | Frequently have this (severe symptoms) |

Digestion

- ___ Nausea or vomiting
- ___ Diarrhea or loose stools
- ___ Constipation
- ___ Bloating feeling
- ___ Belching or passing gas
- ___ Heartburn/GERD
- ___ Intestinal or stomach pain

Ears

- ___ Itchy ears
- ___ Earaches or infections
- ___ Drainage from ear
- ___ Ringing or hearing loss

Emotions

- ___ Mood swings
- ___ Anxiety, nervousness
- ___ Anger, irritability
- ___ Depression

Energy

- ___ Fatigue, sluggishness
- ___ Lethargy, apathy
- ___ Hyperactivity
- ___ Restlessness, distracted

Eyes

- ___ Itchy, watery eyes
- ___ Swollen, red eyelids
- ___ Bags or circles under eyes
- ___ Blurred or tunnel vision

Head

- ___ Headaches
- ___ Faintness
- ___ Dizziness
- ___ Insomnia

Heart

- ___ Irregular or skipped beats
- ___ Rapid, pounding heartbeat
- ___ Chest pain

Lungs

- ___ Chest congestion
- ___ Asthma, bronchitis
- ___ Shortness of breath
- ___ Difficult breathing

Mind

- ___ Poor memory
- ___ Confusion, poor comprehension
- ___ Poor concentration
- ___ Poor physical coordination
- ___ Difficulty making decisions
- ___ Stuttering, stammering
- ___ Slurred speech
- ___ Learning disabilities

Mouth/Throat

- ___ Chronic coughing
- ___ Gagging, frequent throat clearing
- ___ Sore/hoarse throat, loss of voice
- ___ Swollen, discolored tongue, lips
- ___ Canker sores

Musculoskeletal

- ___ Joint pains or aches
- ___ Arthritis
- ___ Stiffness or limitation of motion
- ___ Muscle pains or aches
- ___ Feeling weak or tired

Nose

- ___ Stuffy nose
- ___ Sinus problems, infections, etc.
- ___ Hay fever or allergies
- ___ Sneezing attacks
- ___ Excessive mucus formation

Skin

- ___ Acne outbreaks
- ___ Hives, rashes, or dry skin
- ___ Hair loss
- ___ Flushing or hot flashes
- ___ Excessive sweating

Weight

- ___ Binge eating/drinking
- ___ Craving certain foods
- ___ Excessive weight
- ___ Compulsive eating
- ___ Water retention
- ___ Underweight

Other

- ___ Frequent illness
- ___ Frequent or urgent urination
- ___ Genital itch or discharge

Total:

Recommended Treatment →

Optimal: less than 20

Mild dysfunction: 21-50

Reboot Wellness (6-Month Program)

Moderate dysfunction: 51-100

Severe dysfunction: 101+

Restore Wellness (12-Month Program)

del negro
integrative health