

Crossing Back to Health – Symptom Check List

Name: _____ DOB: _____ Today's Date: _____

Please rate the following symptoms on a “0 – 3” scale. “0” as never; “1” as least/rarely; “2” as sometimes; “3” as often/always.

1. ABDOMINAL PAIN	0	1	2	3	45. INABILITY TO HOLD URINE OR STOOL	0	1	2	3
2. ACNE	0	1	2	3	46. INATTENTIVENESS	0	1	2	3
3. ALLERGIES	0	1	2	3	47. INDECISIVENESS	0	1	2	3
4. ANXIETY	0	1	2	3	48. INDIGESTION	0	1	2	3
5. BAD BREATH	0	1	2	3	49. INSOMNIA/DIFFICULTY SLEEPING	0	1	2	3
6. BED WETTING	0	1	2	3	50. IRRITABILITY	0	1	2	3
7. BLOATING	0	1	2	3	51. ITCHING	0	1	2	3
8. BODY ODOR	0	1	2	3	52. JOINT PAIN	0	1	2	3
9. BRAIN FOG	0	1	2	3	53. LACK OF JOY IN LIVING	0	1	2	3
10. CHILLS	0	1	2	3	54. LOW BLOOD SUGAR	0	1	2	3
11. COATED TONGUE	0	1	2	3	55. LOW SEX DRIVE	0	1	2	3
12. CONGESTION	0	1	2	3	56. LYMPH NODES ENLARGED	0	1	2	3
13. CONSTIPATION	0	1	2	3	57. MALAISE	0	1	2	3
14. COUGH	0	1	2	3	58. MOOD SWINGS	0	1	2	3
15. DARK CIRCLES UNDER EYES	0	1	2	3	59. MUSCLE ACHES	0	1	2	3
16. DEPRESSION	0	1	2	3	60. NAUSEA	0	1	2	3
17. DIARRHEA	0	1	2	3	61. NIGHT SWEATS	0	1	2	3
18. DIFFICULTY GAINING WEIGHT	0	1	2	3	62. NUMBNESS	0	1	2	3
19. DIFFICULTY LOSING WEIGHT	0	1	2	3	63. OILY SKIN	0	1	2	3
20. DIGESTIVE PROBLEMS	0	1	2	3	64. PALIPITATIONS	0	1	2	3
21. DISTRACTIBILITY	0	1	2	3	65. PLACING NON-FOOD ITEMS IN MOUTH (PICA)	0	1	2	3
22. DIZZINESS	0	1	2	3	66. POOR ENDURANCE	0	1	2	3
23. DROOLING	0	1	2	3	67. PREMENSTRUAL SYNDROME	0	1	2	3
24. DRY SKIN	0	1	2	3	68. RASH	0	1	2	3
25. EARACHE	0	1	2	3	69. REFLUX	0	1	2	3
26. ECZEMA	0	1	2	3	70. RINGING IN EARS	0	1	2	3
27. EDEMA/SWELLING	0	1	2	3	71. SHALLOW BREATHING	0	1	2	3
28. EXCESSIVE SWEATING	0	1	2	3	72. SHORT OF BREATH	0	1	2	3
29. EXCESSIVE THRIST	0	1	2	3	73. SINUS INFECTIONS	0	1	2	3
30. EXHAUSTION	0	1	2	3	74. SNEEZING	0	1	2	3
31. FATIGUE	0	1	2	3	75. SORE THROAT	0	1	2	3
32. FEVER	0	1	2	3	76. STIMMING	0	1	2	3
33. FLATULENCE/ GAS	0	1	2	3	77. TOOTH ACHE	0	1	2	3
34. FOOD CRAVING	0	1	2	3	78. VERTIGO	0	1	2	3
35. FOOD INTOLERANCE	0	1	2	3	79. VOMITING	0	1	2	3
36. FORGETFULNESS	0	1	2	3	80. WHEEZING	0	1	2	3
37. FREQUENT INFECTIONS	0	1	2	3	81. WEAKNESS	0	1	2	3
38. FREQUENT URINATION	0	1	2	3	82. _____	0	1	2	3
39. HEADACHE	0	1	2	3	83. _____	0	1	2	3
40. HEMORRHOIDS	0	1	2	3	84. _____	0	1	2	3
41. HIVES	0	1	2	3	85. _____	0	1	2	3
42. HOT FLASHES	0	1	2	3					
43. HYPERACTIVITY	0	1	2	3					
44. IMPOTENCE	0	1	2	3					