



Nourishing Wellness

Good health is a choice you can make today!

Before Detox – Symptom Survey

Your name: _____

Rate each of the following symptoms based on your typical health profile for the past 30 days:

Point Scale:

- 0 = Never or almost never have the symptom
- 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

DIGESTIVE TRACT

- Nausea, vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching, passing gas
- Heartburn
- Intestinal/stomach pain

Total _____

EARS

- Itchy ears
- Earaches, ear infections
- Drainage from ear
- Ringing in ears, hearing loss

Total _____

EMOTIONS

- Mood Swings
- Anxiety, fear, nervousness
- Anger, irritability, aggressiveness
- Depression

Total _____

ENERGY/ ACTIVITY

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness

Total _____

EYES

- Watery or itchy eyes
- Swollen, reddened or sticky eyelids
- Bags or dark circles under eyes
- Blurred or tunnel vision (does not include near or farsightedness)

Total _____

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia

Total _____

HEART

- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- Chest pain

Total _____

JOINT/MUSCLE

- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness

Total _____

LUNGS

- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing

Total _____

MIND

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

Total _____

MOUTH/THROAT

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen or discolored tongue, gums, lips
- Canker sores

Total _____

NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus formation

Total _____

SKIN

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

Total _____

WEIGHT

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

Total _____

OTHER

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

Total _____

GRAND Total _____