



Nourishing Wellness

Good health is a choice you can make today!

End of Detox – Symptom Survey

Your name: _____

Rate each of the following symptoms based on your typical health profile for the past 7 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 _____