

For the initial completion assess symptoms over the past 3 months. For repeat reviews assess the prior 48 hours.

4 – Severe Often 3 – Severe Occasionally 2 – Modest Frequently 1 – Modest or Mild at Times 0 - Never

Emotional

- Mood Swings
- Anxiety, Anger or Aggressive Behavior
- Depression

Energy

- Fatigue
- Apathy, Lethargy
- Hyperactivity, Restlessness

Digestive

- Frequent Nausea or Vomiting
- Diarrhea
- Constipation
- Bloating, Gas
- Heartburn
- Recurring Intestinal / Stomach Pain

Eye and Ear

- Itchy or Watery Eyes
- Dark Circles Under Eyes
- Vision Changes (blurred, tunnel vision)
- Inner Ear Itching or Aching
- Drainage from ears
- Moderate or Severe Loss in Hearing
- Ringing in Ears

Other

- Headaches
- Faintness or Dizziness
- Trouble Sleeping
- Chest pain or irregular heartbeat
- Bronchial Congestion, Cough, or Mucus
- Confusion or Reduced Memory
- Difficulty Concentrating or Learning New Things
- Speech Changes (stuttering, stammering, slurring)
- Mouth or Gum Discomfort, Swelling, Bleeding, or Sores
- Stuffy Nose, Excessive Nasal Discharge, Sinus Problems
- Skin Eruptions or Dryness
- Hot Flashes
- Binge Eating, Drinking, or Excessive Cravings
- Loss of Appetite
- Water Retention
- Frequent colds or recurring illness
- Unexplained or Sudden Weight Gain or Fat Accumulation
- Unexplained Loss of Strength or Lean Body Mass
- Frequent or Urgent Urination
- Genital Itch or Discharge