

# Diagnosis-signs/symptoms

You can use this sheet to track your progress with your symptoms by rating them before, during and after treatment (marking the dates at the top of each column). You can rate each symptom on a scale of 1 to 10 on how you feel; 10 being how you imagine a normal person to feel, 1 being terrible.

PUT DATES HERE:			before	during	after		before	during	after
Fatigue	( )	( )	( )	( )	( )	Abnormal throat sensations	( )	( )	( )
Headaches	( )	( )	( )	( )	( )	Sweating abnormalities	( )	( )	( )
Migraines	( )	( )	( )	( )	( )	Heat and/or cold intolerance	( )	( )	( )
PMS	( )	( )	( )	( )	( )	Low self esteem	( )	( )	( )
Irritability	( )	( )	( )	( )	( )	Irregular periods	( )	( )	( )
Fluid retention	( )	( )	( )	( )	( )	Sever menstrual cramps	( )	( )	( )
Anxiety	( )	( )	( )	( )	( )	Low blood pressure	( )	( )	( )
Panic attacks	( )	( )	( )	( )	( )	Frequent colds and sore throats	( )	( )	( )
Hair loss	( )	( )	( )	( )	( )	Frequent urinary infections	( )	( )	( )
Depression	( )	( )	( )	( )	( )	Light-headedness	( )	( )	( )
Decreased Memory	( )	( )	( )	( )	( )	Ringing in the ears	( )	( )	( )
Decreased concentration	( )	( )	( )	( )	( )	Slow wound healing	( )	( )	( )
Decreased sex drive	( )	( )	( )	( )	( )	Easy bruising	( )	( )	( )
Unhealthy nails	( )	( )	( )	( )	( )	Acid indigestion	( )	( )	( )
Low motivation	( )	( )	( )	( )	( )	Flushing	( )	( )	( )
Constipation	( )	( )	( )	( )	( )	Frequent yeast infections	( )	( )	( )
Irritable Bowel Syndrome	( )	( )	( )	( )	( )	Cold hands/feet, turn blue?	( )	( )	( )
Inappropriate weight gain	( )	( )	( )	( )	( )	Poor coordination	( )	( )	( )
Dry skin	( )	( )	( )	( )	( )	Increased nicotine/caffeine use	( )	( )	( )
Dry hair	( )	( )	( )	( )	( )	Infertility	( )	( )	( )
Insomnia	( )	( )	( )	( )	( )	Hypoglycemia	( )	( )	( )
Needing sleep during the day	( )	( )	( )	( )	( )	Increased skin infections/Acne	( )	( )	( )
Arthritis and joint aches	( )	( )	( )	( )	( )	Abnormal swallowing sensations	( )	( )	( )
Allergies	( )	( )	( )	( )	( )	Changes in skin pigmentation	( )	( )	( )
Asthma	( )	( )	( )	( )	( )	Prematurely grey/white hair	( )	( )	( )
Muscular Aches	( )	( )	( )	( )	( )	Excessively tired after eating	( )	( )	( )
Itchiness of skin	( )	( )	( )	( )	( )	Carpal Tunnel Syndrome	( )	( )	( )
Elevated cholesterol	( )	( )	( )	( )	( )	Dry eyes/blurred vision	( )	( )	( )
Ulcers	( )	( )	( )	( )	( )	Hives	( )	( )	( )
						Bad breath	( )	( )	( )
TOTAL FOR BOTH SIDES (out of 600)						( )	( )	( )	( )

Do you have or feel the following symptoms?	No Symptom Never	Few or Sometimes	Moderate or regularly	Much or Often	Always or Extreme
Sensitive to cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold hands or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generalized fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue unless exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleepy during day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor motivation for required tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constant swollen eyelids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen eyes in morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen calves/feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty losing weight despite dieting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting as child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slow heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpal tunnel syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stiff joints in morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain worsens with cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoarse voice in morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry skin (general/feet or elbows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slow growing or brittle nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diffuse hair loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle achiness or soreness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low body temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diminished sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling or numbness in extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoarse voice (constant or in morning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course skin (rough skin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>