

# HEALTH EVALUATION WORKSHEET



Rate each of your symptoms based upon how you have been feeling during the past 30 days. Please use the Symptom Point Scale on the reverse of this form.

## SYMPTOM POINT SCALE

Using the point scale below, rate each of your symptoms based upon how you have been feeling during the past 30 days.

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**

## EVALUATION

If your score for any category in List A or List B exceeds 10, an IgG Delayed Food Allergy test is recommended.

If your total score for all the categories in List A exceeds 30, a *Candida albicans* test is recommended.

If your GRAND TOTAL score for List A and B exceeds 50, both a *Candida* test and an IgG Delayed Food Allergy test are strongly recommended.

## LIST A:

### DIGESTIVE TRACT

- Nausea & vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching or passing gas
- Stomach pains or cramps
- Heartburn
- Blood or mucous in stools
- Total**

### JOINTS & MUSCLES

- Pains or aches in joints
- Arthritis
- Stiffness, limited movement
- Pain or aches in muscles
- Feeling weak or tired
- Swollen, tender joints

Growing pains in legs

**Total**

### WEIGHT

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

### ENERGY & ACTIVITY

- Apathy, lethargy
- Attention deficit
- Fatigue
- Hyperactivity
- Restlessness
- Poor physical coordination

Stuttering or stammering

Slurred speech

**Total**

### OTHER

- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge
- Anal itching
- Total**

### EMOTIONS

- Mood swings
- Anxiety, fear, nervousness
- Angry, irritable, aggressive
- Argumentative
- Frustrated, cries often

Depression

**Total**

### MIND

- Poor memory
- Difficulty completing projects
- Difficulty with mathematics
- Underachiever in school
- Poor / short attention span
- Confusion
- Easily distracted
- Difficulty making decisions
- Learning disabilities
- Total**

**TOTAL LIST A** \_\_\_\_\_

## LIST B:

### MOOD

- Irritable, jittery, moody
- Depressed
- Chronically tired
- Total**

### HEAD

- Headaches
- Dizziness
- Total**

### SKIN

- Rashes
- Total**

### DIGESTIVE TRACT

- Indigestion
- Mucous in stools
- Foul smelling gas
- Total**

### MOUTH

- Cold sores

Bad breath

**Total**

### SINUSES

- Post-nasal drip
- Cough
- Nasal itching
- Total**

### EYES

- Burning of eyes
- Total**

### EARS

- Ear pain/hearing loss
- Pressure in ears
- Total**

### OTHER

- Cravings for candy, sweets
- Vaginitis/discharge
- Irregular menses
- PMS
- Loss of sex drive
- Total**

**TOTAL LIST B** \_\_\_\_\_

**GRAND TOTAL (LIST A & B)** \_\_\_\_\_