Amina

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noosa holistic health

Symptom Diary: Name.............................. Date...........

Please fill out once per week.	**How Often are you having these symptoms?**				**How Severe are your symptoms?**		
(Please circle any specific body areas)	Constantly	Often	Some times	Rarely	Severe	Moderate	Mild
General fatigue throughout the day							
Fatigue worse in a.m.							
Fatigue worse in p.m.							
Insomnia, wake in night							
Day naps, Excess sleep							
Muscle cramps or pain							
Weak muscles							
Joint pains fingers, wrists, elbows							
Joint pains toes, ankles, knees, hips							
Stiffness of body							
Soles of feet sore							
Back, shoulder pain							
Shaking, tremors							
Seizures							
Tingling, stabbing pains							
Numbness							
Skin crawling							
Twitching of muscles							
Headaches							
Sinus, head congestion							
Fevers or night sweats							
Sore throat or sore ears							
Cough, phlegmy chest							
Swollen glands							
Sensitive to noise smells, light							
Eyes blurry, floaters							

Tinnitus, ringing ears							
Dizziness, vertigo, tipsy							
Anxiety, worry, panic							
Depression, sadness							
Stress, unable to cope							
Moody, angry, frustrated							
Low libido							
Brain fog, memory loss							
Nausea or vomiting							
Loss of appetite							
Sugar cravings							
Loose stools, diarrhea							
Constipation							
Bloating in gut							
Pain or cramps in gut							
Reflux, burping							
Flatulence, wind							
Heart palpitations							
Pain in chest, tightness							
Sensitive to food, allergies, intolerances							
Weight loss							
Weight gain							
Breathlessness							
Cold extremities							
Hair loss							
Dry skin, Dry eyes							
Eczema, Psoriasis Skin rashes							
Erectile problems							
Breast pains/tenderness							
Menstrual pain							
Bladder weakness or irritability							
Edema, swelling limbs							
Other Symptoms: Please specify							

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