

Inflammation Questionnaire: General Signs & Symptoms

Patient Name: _____ Date: _____

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

HEAD

- _____ Headaches
- _____ Dizziness
- _____ Insomnia
- _____ Faintness

_____ TOTAL

EARS

- _____ Itchy Ears
- _____ Ringing in ears / loss of hearing
- _____ Earaches / ear infections
- _____ Drainage from ear

_____ TOTAL

EYES

- _____ Bags or dark circles under eyes
- _____ Watery or itchy eyes
- _____ Swollen, reddened, or sticky eyelids
- _____ Blurred or tunnel vision (excluding near or far sightedness)

_____ TOTAL

NOSE

- Stuffy Nose
- Sinus congestion, sinus infection
- Constant sneezing
- Hay fever / allergies
- Excess mucus formation

_____ TOTAL

MOUTH/THROAT

- Chronic coughing
- Sore throat, hoarseness, loss of voice
- Gagging, frequent need to clear throat
- Swollen tongue, gums or lips
- Swollen lymph nodes
- Canker sores, mouth ulcers

_____ TOTAL

HEART

- Chest pain
- Irregular or skipped heartbeat
- Rapid or pounding heartbeat

_____ TOTAL

LUNGS

- Asthma, bronchitis
- Chest congestion
- Shortness of breath
- Difficulty breathing

_____ TOTAL

SKIN

- Acne or brown "age/liver spots"
- Hives, rashes, cysts, boils
- Eczema or psoriasis
- Itchy skin / dermatitis
- Hair loss, hair thinning
- Body odor
- Excessive sweating

_____ TOTAL

JOINTS / MUSCLES

- Pain or aches in joints or lower back
- Stiffness or limitation of movement
- Arthritis
- Pain or aches in muscles

_____ TOTAL

MENTAL / EMOTIONAL

- Poor memory
- Difficulty concentrating
- Mood swings
- Depression
- Anxiety, fear or nervousness
- Anger, irritability, or aggressiveness
- Insomnia

_____ TOTAL

ENERGY LEVEL

- Fatigue / low energy
- Restlessness
- Hyperactivity
- Feeling of weakness

_____ TOTAL

WEIGHT

- Underweight
- Overweight
- Difficulty losing weight
- Crave certain foods

_____ TOTAL

DIGESTIVE TRACT

- Nausea, vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching, passing gas

____ Heartburn
____ Intestinal / stomach pain

____ TOTAL

OTHER

____ PMS
____ Frequent colds, flus
____ Chemical or environmental sensitivities
____ Food allergies / sensitivities (if testing performed)

____ TOTAL

Please add the numbers from each section and write the section total in the spaces provided, then add all the section totals together and put that total in the space below.

____ **GRAND TOTAL**

Interpreting Your GRAND TOTAL Inflammation Score:

15 or Lower: You have a low level of inflammation

16 to 49: You have a moderate level of inflammation

50 or Higher: You have a high level of inflammation