

AUTOIMMUNE SPECTRUM

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

MEDICAL SYMPTOMS QUIZ

Rate each of the following symptoms based on

How you feel most days

HEAD

___ Headaches

___ Faintness

___ Dizziness

___ Insomnia

___ **Total**

EYES

___ Watery or itchy eyes

___ Swollen, reddened or sticky eyelids

___ Bags or dark circles under eyes

___ Blurred or tunnel

___ **Total**

EARS

___ Itchy ears

___ Earaches, ear infections

___ Drainage from ear

___ Ringing in ears, hearing loss

___ **Total**

NOSE

___ Stuffy nose

___ Sinus problems

___ Hay fever

___ Sneezing attacks

___ Excessive mucus formation

___ **Total**

MOUTH/THROAT

___ Chronic coughing

___ Gagging, frequent need to clear throat

___ Sore throat, hoarseness, loss of voice

___ Swollen or discolored tongue, gums, lips

___ Canker sores

___ **Total**

SKIN

___ Acne

___ Hives, dry skin

___ Hair loss

___ Flushing, hot flashes

___ Excessive sweating

___ **Total**

HEART

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

DIGESTIVE TRACT

- Nausea, vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching, passing gas
- Heartburn
- Intestinal/stomach pain
- Total**

MIND

- Poor memory
- Confusion/poor comprehension
- Poor concentration
- Poor physical coordination
- Difficulty making decisions
- Stuttering or stammering
- Slurred speech
- Learning disabilities
- Total**

LUNGS

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

JOINTS/MUSCLES

- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness
- Total**

EMOTIONS

- Mood swings
- Anxiety, fear, nervousness
- Anger, irritability, aggressiveness
- Depression
- Total**

WEIGHT

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

ENERGY/ACTIVITY

___ Fatigue/sluggishness

___ Apathy/lethargy

___ Hyperactivity

___ Restlessness

___ **Total**

OTHER

___ Frequent illness

___ Frequent or urgent urination

___ Genital itch or urgent urination

___ **Total**

_____ **GRAND TOTAL**

Add up your score in each category, and then add up those scores for a grand total. A grand total score of less than 10 is optimal. A score of more than 40 suggests the presence of significant inflammation pulling in your chain. The category with the highest score is likely the weak link in your health chain for autoimmune disease.

Courtesy of Functionalspecialist.com