



BODY SYSTEM QUESTIONNAIRE

Name _____ Date _____

Fill out the questionnaire using the key below to reflect your health in the past month.

- 0 - Never or almost never experience it
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
Faintness
Dizziness
Insomnia
Total

EYES

- Swollen, reddened, or sticky eyelids
Bags or dark circles under eyes
Blurred or tunnel vision
Watery/itchy eyes
Total

EARS

- Earaches, ear infections
Drainage from ear
Ringing in ears, hearing loss
Itchy ears
Total

NOSE

- Stuffy Nose
Sinus problems
Sneezing attacks
Excessive mucus formation
Hay fever
Total

MOUTH/THROAT

- Gagging, frequent need to clear throat
Sore throat, hoarseness, loss of voice
Swollen/discolored tongue, gums, lips
Chronic coughing
Canker sores
Total

SKIN

- Acne
Hives, rashes, dry skin
Hair loss
Flushing, hot flashes
Excessive sweating
Total

HEART

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

LUNGS

- Chest Congestion
Asthma, bronchitis
Shortness of breath
Difficulty breathing
Total

JOINTS/ MUSCLES

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

DIGESTIVE TRACT

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

WEIGHT

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

ENERGY/ACTIVITY

- Feeling of weakness / sluggishness
Apathy, lethargy
Hyperactivity
Restlessness
Total

MIND

- Poor memory
Confusion, poor comprehension
Poor concentration
Poor physical coordination
Difficulty in making decisions
Brain fog
Total

EMOTIONS

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

SLEEP

- Difficulty falling asleep
Difficulty staying asleep
Waking with feelings of impending doom
Difficulty waking up
Total

OTHER

- Mid-afternoon lack of energy
Lightheadedness if meals are missed
Shakiness if meals are missed
Irritability if meals are missed
Eating relieves fatigue
Fatigue after meals
Total

GRAND TOTAL _____

Health is a gift. Cherish it!

Disclaimer: This form is not intended to diagnose or treat anything. For informational purposes only.