Pathway to Wellness

Symptom Tracker

Name _____ Date _____

0 = None **1** = Some **2** = Mild **3** = Moderate **4** = Severe **Grand Total** ____

HEAD TOTAL ____

- ____ Headaches
- ____ Faintness
- ____ Migraines
- ____ Dizziness
- ____ Trouble Sleeping

MIND TOTAL ____

- ____ Brain Fog
- ____ Impaired Coordination
- ____ Difficulty Deciding
- ____ Slurred/Stuttered Speech
- ____ Learning Attention Deficit
- ____ Poor Memory

EYES TOTAL ____

- ____ Swollen, Red Eyes
- ____ Dark Circles
- ____ Puffy Eyes
- ____ Poor Vision
- ____ Watery, Itchy Eyes

NOSE TOTAL ____

- ____ Nasal Congestion
- ____ Excessive Mucous
- ____ Stuffy/Runny Nose
- ____ Sinus Problems
- ____ Frequent Sneezing

EARS TOTAL ____

- ____ Itchy Ears
- ____ Earaches/Infections
- ____ Drainage From Ear
- ____ Ringing, Hearing Loss

MOUTH/THROAT TOTAL ____

- ____ Chronic Cough
- ____ Clear Throat Frequently
- ____ Sore Throat
- ____ Swollen Lips
- ____ Canker Sores

HEART TOTAL ____

- ____ Irregular Heartbeat
- ____ Fast Heart Rate
- ____ Chest Pain

LUNGS TOTAL ____

- ____ Chest Congestion
- ____ Asthma, Bronchitis
- ____ Shortness of breath
- ____ Difficulty Breathing

SKIN TOTAL ____

- ____ Acne
- ____ Hives, Eczema, Hair Loss
- ____ Hair Loss
- ____ Hot Flashes
- ____ Excessive Sweating

Weight TOTAL ____

- ____ Overweight
- ____ Food Cravings
- ____ Inability to lose weight
- ____ Water Retention/Swelling
- ____ Compulsive Eating
- ____ Underweight

Digestion TOTAL ____

- ____ Nausea/Vomiting
- ____ Constipation
- ____ Heartburn/Indigestion
- ____ Belching/Passing Gas
- ____ Intestinal/Stomach pain or cramping
- ____ Diarrhea ____ Bloating

Emotions TOTAL ____

- ____ Anxiety
- ____ Depression
- ____ Mood Swings
- ____ Nervousness
- ____ Easily Irritated

Energy Level TOTAL ____

- ____ Fatigue
- ____ Lethargy
- ____ Hyperactivity
- ____ Restlessness

Joint/Muscles TOTAL ____

- ____ Pain/Aching Joints
- ____ Muscle Stiffness
- ____ Pain/Muscle Aches
- ____ Weakness/Tiredness
- ____ Arthritis

Other TOTAL ____

- ____ Frequent Illness/Infections
- ____ Frequent Urgent Urination
- ____ Genital Itch/Discharge

PtW