SYMPTOM CHECKLIST

BODY STUFF

Weakness (Muscle)	0 1 2 3 4 5 6 7 8 9 10
Numbness	0 1 2 3 4 5 6 7 8 9 10
Tingling Sensations	0 1 2 3 4 5 6 7 8 9 10
Fatigue	0 1 2 3 4 5 6 7 8 9 10
Frequent illness	0 1 2 3 4 5 6 7 8 9 10
Dizziness (when getting up)	0 1 2 3 4 5 6 7 8 9 10
Sudden Fatigue/Weakness	0 1 2 3 4 5 6 7 8 9 10
Stiffness (Joints)	0 1 2 3 4 5 6 7 8 9 10
General body and joint pain	0 1 2 3 4 5 6 7 8 9 10
General sharp pain	0 1 2 3 4 5 6 7 8 9 10
General dull pain	0 1 2 3 4 5 6 7 8 9 10
Neck pain	0 1 2 3 4 5 6 7 8 9 10
Jaw pain	0 1 2 3 4 5 6 7 8 9 10
Hand pain	0 1 2 3 4 5 6 7 8 9 10
Foot pain	0 1 2 3 4 5 6 7 8 9 10
Elbow/shoulder pain	0 1 2 3 4 5 6 7 8 9 10
Knee/ankle pain	0 1 2 3 4 5 6 7 8 9 10
Nosebleeds	0 1 2 3 4 5 6 7 8 9 10
Muscle spasms	0 1 2 3 4 5 6 7 8 9 10
Muscle twitching	0 1 2 3 4 5 6 7 8 9 10
Sweating issues	0 1 2 3 4 5 6 7 8 9 10
Chills	0 1 2 3 4 5 6 7 8 9 10
Low grade fever/Low body temp	0 1 2 3 4 5 6 7 8 9 10
Rib pain	0 1 2 3 4 5 6 7 8 9 10
Back pain	0 1 2 3 4 5 6 7 8 9 10
Hip pain	0 1 2 3 4 5 6 7 8 9 10
Fingernail issues	0 1 2 3 4 5 6 7 8 9 10
Toenail issues	0 1 2 3 4 5 6 7 8 9 10
Edema/water retention	0 1 2 3 4 5 6 7 8 9 10
Insomnia	0 1 2 3 4 5 6 7 8 9 10
Sleep walking	0 1 2 3 4 5 6 7 8 9 10
Canker sores	0 1 2 3 4 5 6 7 8 9 10
Mucus issues-respiratory	0 1 2 3 4 5 6 7 8 9 10
Mucus issues-intestinal	0 1 2 3 4 5 6 7 8 9 10
Unable to breathe deeply	0 1 2 3 4 5 6 7 8 9 10
Fainting	0 1 2 3 4 5 6 7 8 9 10
Sciatica	0 1 2 3 4 5 6 7 8 9 10
Electric shock feelings	0 1 2 3 4 5 6 7 8 9 10
Thirsty	0 1 2 3 4 5 6 7 8 9 10

HEART STUFF

Heat palpitations	0 1 2 3 4 5 6 7 8 9 10
Racing heart	0 1 2 3 4 5 6 7 8 9 10
Heart pain	0 1 2 3 4 5 6 7 8 9 10
Difficulty breathing while lying down/bending over	0 1 2 3 4 5 6 7 8 9 10
Coughing	0 1 2 3 4 5 6 7 8 9 10
Dizziness (when getting up)	0 1 2 3 4 5 6 7 8 9 10
Blue nails	0 1 2 3 4 5 6 7 8 9 10

ABDOMINAL STUFF

Searing/sharp pain	0 1 2 3 4 5 6 7 8 9 10
Stomach pain (upper)	0 1 2 3 4 5 6 7 8 9 10
Stomach pain (lower)	0 1 2 3 4 5 6 7 8 9 10
Flank/kidney pain	0 1 2 3 4 5 6 7 8 9 10
Vomiting	0 1 2 3 4 5 6 7 8 9 10
Nausea	0 1 2 3 4 5 6 7 8 9 10
Reflux	0 1 2 3 4 5 6 7 8 9 10
Appetite changes	0 1 2 3 4 5 6 7 8 9 10
Coated tongue	0 1 2 3 4 5 6 7 8 9 10
Low libido	0 1 2 3 4 5 6 7 8 9 10
Bloating/gas	0 1 2 3 4 5 6 7 8 9 10

SLEEP

Bad night sleep	0 1 2 3 4 5 6 7 8 9 10
Lucid dreams/nightmares more than usual	0 1 2 3 4 5 6 7 8 9 10

ABDOMINAL STUFF (FEMALE)

Ovarian pain	0 1 2 3 4 5 6 7 8 9 10
Uterine pain/Fibroids	0 1 2 3 4 5 6 7 8 9 10
Abnormal Vaginal discharge	0 1 2 3 4 5 6 7 8 9 10
Period issues	0 1 2 3 4 5 6 7 8 9 10

ABDOMINAL STUFF (MALE)

Erectile issues	0 1 2 3 4 5 6 7 8 9 10

SKIN STUFF

Loss of sensation on skin	0 1 2 3 4 5 6 7 8 9 10
Body rash	0 1 2 3 4 5 6 7 8 9 10
Face rash	0 1 2 3 4 5 6 7 8 9 10
Sun rash	0 1 2 3 4 5 6 7 8 9 10
Plaques on skin	0 1 2 3 4 5 6 7 8 9 10
White blotchy rash	0 1 2 3 4 5 6 7 8 9 10
Eczema	0 1 2 3 4 5 6 7 8 9 10
Super dry skin	0 1 2 3 4 5 6 7 8 9 10
Weird bumps	0 1 2 3 4 5 6 7 8 9 10
Weak, brittle or peeling nails	0 1 2 3 4 5 6 7 8 9 10
Ridges on nails	0 1 2 3 4 5 6 7 8 9 10
White spots on nails	0 1 2 3 4 5 6 7 8 9 10

EYE STUFF

Eye pain	0 1 2 3 4 5 6 7 8 9 10
Eye redness	0 1 2 3 4 5 6 7 8 9 10
Blurry vision	0 1 2 3 4 5 6 7 8 9 10
Swollen eyelids	0 1 2 3 4 5 6 7 8 9 10
Itchy eyes	0 1 2 3 4 5 6 7 8 9 10

HEAD STUFF

Headache	0 1 2 3 4 5 6 7 8 9 10
Seeing/hearing/smelling auras	0 1 2 3 4 5 6 7 8 9 10
Seeing/hearing/smelling auras	0 1 2 3 4 5 6 7 8 9 10
Ringing ears	0 1 2 3 4 5 6 7 8 9 10
Lucid dreams/nightmares more than usual	0 1 2 3 4 5 6 7 8 9 10
Anxiety attack	0 1 2 3 4 5 6 7 8 9 10
Panic attack	0 1 2 3 4 5 6 7 8 9 10
Bad PTSD day	0 1 2 3 4 5 6 7 8 9 10
Depression	0 1 2 3 4 5 6 7 8 9 10
Brain fog	0 1 2 3 4 5 6 7 8 9 10
Ear pain	0 1 2 3 4 5 6 7 8 9 10
Sinus stuff/mucus/pain	0 1 2 3 4 5 6 7 8 9 10
Stress	0 1 2 3 4 5 6 7 8 9 10
Hair loss	0 1 2 3 4 5 6 7 8 9 10
Mood swings	0 1 2 3 4 5 6 7 8 9 10

POOP STUFF

Light coloured/gold poop	0 1 2 3 4 5 6 7 8 9 10
Weird poop	0 1 2 3 4 5 6 7 8 9 10
Constipation	0 1 2 3 4 5 6 7 8 9 10
Diarrhoea	0 1 2 3 4 5 6 7 8 9 10
Smelly (bad) poop	0 1 2 3 4 5 6 7 8 9 10

PEE STUFF

Bladder control issues	0 1 2 3 4 5 6 7 8 9 10
Weak stream while peeing	0 1 2 3 4 5 6 7 8 9 10
Frequent peeing	0 1 2 3 4 5 6 7 8 9 10
Dark or weird coloured pee	0 1 2 3 4 5 6 7 8 9 10

ANY OTHER STUFF

	0 1 2 3 4 5 6 7 8 9 10
	0 1 2 3 4 5 6 7 8 9 10
	0 1 2 3 4 5 6 7 8 9 10
	0 1 2 3 4 5 6 7 8 9 10
	0 1 2 3 4 5 6 7 8 9 10
	0 1 2 3 4 5 6 7 8 9 10