

FirstLineTherapy® Health Profile

NAME _____

DATE _____

Rate each of the following symptoms based upon your typical health profile for: Past 30 days Past 48 hours

| | | | | |
|--------------------|---|--|---|--|
| Point Scale | 0 | Never or almost never have the symptom | 3 | Frequently have it, effect is not severe |
| | 1 | Occasionally have it, effect is not severe | 4 | Frequently have it, effect is severe |
| | 2 | Occasionally have it, effect is severe | | |
| | | | | |

HEAD

Headaches
Faintness
Dizziness
Insomnia

0 TOTAL

EYES

Watery or itchy eyes
Swollen, reddened or sticky eyelids
Bags or dark circles under eyes
Blurred or tunnel vision
(does not include near- or far-sightedness)

0 TOTAL

EARS

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

0 TOTAL

NOSE

Stuffy nose
Sinus problems
Hay fever
Sneezing attacks
Excessive mucus formation

0 TOTAL

**MOUTH/
THROAT**

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

0 TOTAL

SKIN

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

0 TOTAL

HEART

Irregular or skipped heartbeat
Rapid or pounding heartbeat
Chest pain

0 TOTAL

LUNGS

Chest congestion
Asthma, bronchitis
Shortness of breath
Difficulty breathing

0 TOTAL

**DIGESTIVE
TRACT**

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

0 TOTAL

**JOINTS/
MUSCLE**

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

0 TOTAL

WEIGHT

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

0 TOTAL

**ENERGY/
ACTIVITY**

Fatigue, sluggishness
Apathy, lethargy
Hyperactivity
Restlessness

0 TOTAL

MIND

Poor memory
Confusion, poor comprehension
Poor concentration
Poor physical coordination
Difficulty in making decisions
Stuttering or stammering
Slurred speech
Learning disabilities

0 TOTAL

EMOTIONS

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

0 TOTAL

OTHER

Frequent illness
Frequent or urgent urination
Genital itch or discharge

0 TOTAL

GRAND TOTAL 0