| **Symptoms (Scale 0-10)**<br>**0 =no symptoms,**<br>**10=most severe** | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Fevers** | | | | | | | | | | | | |
| **Chills / flushing** | | | | | | | | | | | | |
| **sweats** | | | | | | | | | | | | |
| **Fatigue/poor stamina** | | | | | | | | | | | | |
| **Swollen glands** | | | | | | | | | | | | |
| **Sore throat** | | | | | | | | | | | | |
| **Nausea** | | | | | | | | | | | | |
| **Constipation** | | | | | | | | | | | | |
| **Diarrhea** | | | | | | | | | | | | |
| **Chest pain** | | | | | | | | | | | | |
| **Rib soreness** | | | | | | | | | | | | |
| **Shortness of breath** | | | | | | | | | | | | |
| **Cough** | | | | | | | | | | | | |
| **Heart palpitations/skip beats** | | | | | | | | | | | | |
| **Neck/back stiffness** | | | | | | | | | | | | |
| **Neck cracks** | | | | | | | | | | | | |
| **Neck/back pain** | | | | | | | | | | | | |
| **Joint stiffness** | | | | | | | | | | | | |
| **Joint swelling** | | | | | | | | | | | | |
| **Joint pain** | | | | | | | | | | | | |
| **Muscle pain/aching** | | | | | | | | | | | | |
| **Muscle cramps** | | | | | | | | | | | | |
| **Muscle twitching** | | | | | | | | | | | | |
| **Headache** | | | | | | | | | | | | |
| **Numbness/tingling** | | | | | | | | | | | | |
| **Facial paralysis** | | | | | | | | | | | | |
| **Blurry vision** | | | | | | | | | | | | |
| **Floaters** | | | | | | | | | | | | |
| **Light sensitivity** | | | | | | | | | | | | |
| **Ear buzzing/ringing** | | | | | | | | | | | | |
| **Ear pain** | | | | | | | | | | | | |
| **Sound sensitivity** | | | | | | | | | | | | |
| **Poor balance** | | | | | | | | | | | | |
| **Lightheadedness/woozy** | | | | | | | | | | | | |
| **Tremor** | | | | | | | | | | | | |
| **Confusion** | | | | | | | | | | | | |
| **Difficulty in thinking** | | | | | | | | | | | | |
| **Forgetfulness** | | | | | | | | | | | | |
| **Poor short term memory** | | | | | | | | | | | | |
| **Disorientation/getting lost** | | | | | | | | | | | | |
| **Difficulty with speech** | | | | | | | | | | | | |
| **Word finding problems** | | | | | | | | | | | | |
| **Reversing numbers/letters** | | | | | | | | | | | | |
| **Difficulty with writing** | | | | | | | | | | | | |
| **Mood swings** | | | | | | | | | | | | |
| **Depression** | | | | | | | | | | | | |
| **Anxiety** | | | | | | | | | | | | |
| **Disturbed sleep** | | | | | | | | | | | | |
| **Testicular/pelvic pain** | | | | | | | | | | | | |
| **Sexual dysfunction/loss libido** | | | | | | | | | | | | |

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| **Unexpl. Menstrual irregularity** | | | | | | | | | | | | |
| **Breast pain** | | | | | | | | | | | | |
| **Bladder irritability/dysfunct.** | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Follow YFSF diet/exercise** | | | | | | | | | | | | |
| **Overall % of improvement** | | | | | | | | | | | | |
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