Complete Wellness

TESTING SCALE

Rate each of the following symptoms based upon your typical health profile for the past 30 days.

POINT SCALE:

0 – Never (0 days per month)
1 – Sometimes (1-5 days per month)
2 – Occasionally (5-7 days per month)
3 – Frequently (7-10 days per month)
4 – Often (10+ days per month)

DIGESTIVE TRACT

__ Nausea or vomiting
__ Diarrhea
__ Constipation
__ Bloated feeling
__ Belching, or passing gas
__ Heartburn

Total _____

EARS

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

Total _____

EMOTIONS

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

Total _____

ENERGY/ACTIVITY

__ Fatigue, sluggishness
__ Apathy, lethargy
__ Hyperactivity
__ Restlessness

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)

Total _____

HEAD

__ Headaches
__ Faintness
__ Dizziness
__ Insomnia

Total _____

South Plainfield - 201 Durham Ave., South Plainfield, NJ 07080 | **Ph:** 908.205.8625 | **Fax**: 908.205.8749
Bridgewater - 475 North Bridge St., Suite 102, Bridgewater, NJ 08807 | **Ph:** 908.575.0008 | **Fax:** 908.575.0382

HEART

__ Irregular or skipped heartbeat
__ Rapid or pounding heartbeat
__ Chest pain

Total _____

JOINTS/MUSCLES

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

Total _____

LUNGS

__ Chest congestion
__ Asthma, bronchitis
__ Shortness of breath
__ Difficulty breathing

Total _____

MIND

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

Total _____

MOUTH/THROAT

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

Total _____

NOSE

__ Stuffy nose
__ Sinus problems
__ Hay fever
__ Sneezing attacks
__ Excessive mucus formation

Total _____

SKIN

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

Total _____

WEIGHT

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

Total

_____

OTHER

__ Frequent illness
__ Frequent or urgent urination
__ Genital itch or discharge

Total

_____

GRAND TOTAL