

## Symptom questionnaire<sup>1</sup>

8 key sections to help you identify the particular physical imbalances at the root of your problems.  
Sum up at the end of each section.

Thanks, Laurence Fischer [laurence@bodytosoul.eu](mailto:laurence@bodytosoul.eu).

### Symptom class 1

Sensitivity to emotional (or physical) pain; cry easily	4
Eat as a reward or for pleasure, comfort, or numbness	4
Worry, anxiety, phobia, or panic	4
Difficulty getting to sleep or staying asleep	4
Difficulty with focus, attention deficits	3
Low energy, drive, and arousal	2
Obsessive thinking or behavior	4
Inability to relax after tension, stress	4
Depression, negativity	3
Low self-esteem, lack of confidence	4
More mood and eating problems in winter or at the end of the day	4
Irritability, anger	3
Use alcohol or drugs to improve mood	4
Use Prozac or medicines (serotonin) ?	2
TOTAL	.....

### Symptom class 2

Are you obsessed by food since you started your diet ? Do you have cravings and eat huge quantities?	4
Increased eating and weight gain after each diet? (Sometimes, more than was lost)	4
Increased moodiness, irritability after dieting?	3
Less energy and endurance	3
Usually eat less than 2,100 calories a day, meaning less than what is normally done when not dieting	3
Skip meals, especially breakfast	3
Eat mostly low-fat carbohydrates (bagels, pasta, frozen yogurt)	3
Constantly think about weight	2
Use aspartame daily (aspartame, Canderel, light products)?	2
Have decreased self-esteem since dieting	3
Have become (or has been) bulimic or anorectic	4
TOTAL	.....

<sup>1</sup> Adaptation of Julia Ross' questionnaire [http://www.dietcure.com/take\\_the\\_quick\\_symptoms\\_questionnaire.html](http://www.dietcure.com/take_the_quick_symptoms_questionnaire.html)

**Symptom class 3**

Do you feel sleepy after eating?	3
Nervous, jittery, irritable on and off throughout the day; calmer after meals	3
Dizzy, tired, anxious, weak, or headachy, especially if meals are delayed	3
Do you have salty cravings ..... or sweet cravings ..... ? option : at what time? .....	4
rapid pulse (>80)? Heart palpitations?	3
Crave a lift from sweets or alcohol, but later experience a drop in energy and mood after ingesting them (1 hour or more after)?	4
When you put on weight, is it usually around the waist /hips?	2
Night sweats (not menopausal)	3
Frequent thirst (a real one, not a diet habit)?	4
Crying spells	3
Family history of diabetes, hypoglycaemia, or alcoholism	3
Mental confusion, decreased memory? Energy loss or nervous fatigue?	3
Sores on legs that take a long time to heal	5
Do you feel often stressed, overwhelmed?	4
Do you have black eyes even with a good sleep?	4
TOTAL	.....

**Symptom class 4**

Burnout, fatigued even when just awake?	4
Easily chilled (especially hands and feet) ?	4
Family history of thyroid troubles	4
Can gain weight without overeating? Hard to lose excess weight?	4
Have to force yourself to do even moderate exercise	3
Find it hard to get going in the morning	4
Total cholesterol (recent blood test) High or low ? ..... (write the ratio total/Hdl : .....)	3
Permanent low blood pressure?	3
Weight gain began near the start of menses, a pregnancy, or menopause	4
Chronic headaches (not especially migraines)?	3
Use food, caffeine, tobacco, and/or other stimulants to get going	3
TOTAL	.....

**Symptom class 5**

Crave milk, ice cream, yogurt, cheese, or doughy foods (pasta, bread, cookies, among others) and eat them frequently	3
Experience bloating after meals	3
Severe migraines (not headaches)	2
Gas, frequent belching	4
Digestive discomfort of any kind (stomach acidity, easy nausea, coated tongue in the morning, gastric reflux, etc) ? Underline which one	3
Chronic constipation and/or diarrhea and/or loose stools?	3
Respiratory problems, such as asthma, postnasal drip, congestion	4
Are you often down with nose/throat/ear infection cold, sinusitis)?	3
Low energy or drowsiness, especially after meals	3
Allergic to milk products or other common foods	4
Undereat or often prefer beverages to solid food	3
Avoid food or throw up food because bloating after eating makes you feel fat or tired	3
Can't gain weight	4
Hyperactivity or manic-depression	3
Food allergies in family	4
TOTAL	.....

**Symptom class 6 – for women only**

(Respond also if menopausal, try to remember the past)

Premenstrual (3 to 10 days before menstruation), mood swings, headaches?	4
Premenstrual or menopausal food cravings	4
Skin eruptions with period, water retention? Weight gain?	3
Irregular periods	4
Have you had a miscarriage or are you sterile ?	3
Use(d) birth control pills or other hormonal treatment?	4
Uncomfortable periods cramps, lengthy or heavy bleeding, or sore breasts	3
Peri- or postmenopausal discomfort (e.g., hot flashes, sweats, insomnia, or poor memory)	3
Males: Loss of motivation, muscle tone, sex drive	
TOTAL	.....

**Symptom class 7**

Often bloated, distended abdomen	4
Foggy-headed	3
Depressed	2
Yeast infections (candida)	4
Women: do you get sometimes vaginal infections, rashes or white losses?	3
Used antibiotics more than a month in a row or several days but several times in the same year (at any time in life)?	4
Used cortisone or birth control pills for more than one year total	4
Have chronic fungus on nails or skin or athlete's foot	4
Recurring sinus or ear or throat infections as an adult or child	3
Achy muscles and joints (other than osteoarthritis)	3
Chronic skin troubles (eczema, psoriasis, herpes..) ?	3
Chronically fatigued	3
Rashes?	4
Stool unusual in color, shape, or consistency?	3
TOTAL	.....

**Symptom class 8**

Crave chips, cheese, creamy foods, and other rich foods more than, or in addition to, sweets and starches	4
Family history of depression or alcoholism	3
Total cholesterol (recent blood test) too high and a low Hdl ?	3
Feel heavy, uncomfortable, and clogged up after eating fatty foods	4
History of hepatitis or other liver or gallbladder problems	4
Light-colored stool	3
Hard or foul-smelling stool	3
Pain on right side under your rib cage	3
Do you feel wrinkled for your age? Skin is inelastic?	2
Dry or rough skin, especially on legs and arms?	3
TOTAL	.....