

## FREQUENCY OF SYMPTOMS

Name \_\_\_\_\_ Date \_\_\_\_\_

Symptoms	Yes	No
1. Numbness & tingling in extremities		
2. Twitching of face & other muscles		
3. Tremors or shakes of hands, feet, head, etc.		
4. Jumpy, jittery, nervous		
5. Unexplained chest pains		
6. Tachycardia (erratic heart beat)		
7. Unexplained rashes, skin irritations		
8. Excessive itching		
9. Bloated feeling most of the time		
10. Frequent or recurring heartburn		
11. Constipation on a regular basis		
12. Frequent diarrhea		
13. Constant or very frequent periods of depression		
14. Unexplained irritability		
15. Sudden unexplained or unsolicited anger		
16. Constant death wish or suicidal intent		
17. Difficulty in making even simple decisions		
18. Cold hands or feet, even in moderate/warm weather		
19. Get out of breath easily		
20. Get headaches just after eating		
21. Experience frequent leg cramps		
22. Constant or frequent metallic taste in mouth		
23. Burning sensation on the tongue		
24. Constant or frequent ringing or noises in the ears		
25. Unexplained chronic fatigue		
26. Frequent urination during the night		
27. Difficulty remembering or use of memory		
28. Constant or frequent pain in joints		
29. Frequent insomnia		
30. Unexplained fluid retention		
31. Other		