**Rating scale:**

**0=Never or almost never**

**1=Occasionally have it, effect is not severe**

**2=Occasionally have it, effect is severe**

**3=Frequently have it, effect is not severe**

**4=Frequently have it, effect is severe**

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom** | **Before** | **After** | **Difference** |
| Nausea or vomiting |  |  |  |
| Diarrhea |  |  |  |
| Constipation |  |  |  |
| Bloated Feeling |  |  |  |
| Belching or passing gas |  |  |  |
| Heartburn |  |  |  |
| Intestinal/Stomach pain |  |  |  |
|  |  |  |  |
| Mood Swing |  |  |  |
| Anxiety/fear, or nervousness |  |  |  |
| Anger, irritability, or aggressiveness |  |  |  |
| Depression |  |  |  |
|  |  |  |  |
| Fatigue or sluggishness |  |  |  |
| Apathy or lethargy |  |  |  |
| Hyperactivity |  |  |  |
| Restlessness |  |  |  |
|  |  |  |  |
| Watery or itchy eyes |  |  |  |
| Swollen, reddened, or sticky eyelids |  |  |  |
| Bags or dark circles under eyes |  |  |  |
| Blurred vision |  |  |  |
|  |  |  |  |
| Headaches |  |  |  |
| Faintness |  |  |  |
| Dizziness |  |  |  |
| Insomnia |  |  |  |
|  |  |  |  |
| Irregular or skipped heartbeat |  |  |  |
| Rapid or pounding heartbeat |  |  |  |
| Chest pain |  |  |  |
|  |  |  |  |
| Aches or pain in joints |  |  |  |
| Arthritis |  |  |  |
| Stiffness or limitation of movement |  |  |  |
| Aches or pain in muscles |  |  |  |
| Feeling of weakness or tiredness |  |  |  |
|  |  |  |  |
| Chest congestion |  |  |  |
| Asthma or bronchitis |  |  |  |
| Shortness of breath |  |  |  |
| Difficulty breathing |  |  |  |
|  |  |  |  |
| Poor memory |  |  |  |
| Confusion or poor comprehension |  |  |  |
| Poor concentration |  |  |  |
| Poor physical coordination |  |  |  |
| Difficulty making decisions |  |  |  |
| Stuttering or stammering |  |  |  |
| Slurred speech |  |  |  |
| Learning Disabilities |  |  |  |
|  |  |  |  |
| Chronic coughing |  |  |  |
| Gagging or frequent need to clear throat |  |  |  |
| Sore throat, hoarseness, or loss of voice |  |  |  |
| Swollen or discolored tongue, gum, or lips |  |  |  |
| Canker sores |  |  |  |
|  |  |  |  |
| Stuffy nose |  |  |  |
| Sinus problems |  |  |  |
| Hay fever |  |  |  |
| Sneezing attacks |  |  |  |
| Excessive mucus formation |  |  |  |
|  |  |  |  |
| Acne |  |  |  |
| Hives, rashes, or dry skin |  |  |  |
| Hair loss |  |  |  |
| Flushing or hot flushes |  |  |  |
| Excessive sweating |  |  |  |
|  |  |  |  |
| Binge eating/drinking |  |  |  |
| Craving certain foods |  |  |  |
| Excessive weight |  |  |  |
| Compulsive eating |  |  |  |
| Water Retention |  |  |  |
| Excess alcohol intake |  |  |  |
| Night Eating |  |  |  |
|  |  |  |  |
| Frequent illness |  |  |  |