

Initial Symptom Survey

Date:	Patient Name:	Dietitian:
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INSTRUCTIONS: Score every symptom based on your experience **OVER THE PAST MONTH.** Using the SCALE OF SYMPTOM POINTS listed below, FILL IN the appropriate score in the corresponding field for EVERY symptom listed. Note score in the boxes to the left of symptoms. Also note the number of missed work days in the last month due to illness.

SCALE OF SYMPTOM POINTS	Grand Total:	# Missed Work Days
<p>IF you did not suffer from the symptom ever or almost never, leave it blank.</p> <p>1 = OCCASIONALLY (less than 2 times per week), and symptom was MILD</p> <p>2 = FREQUENTLY (2 or more times per week), and symptom was MILD</p> <p>3 = OCCASIONALLY (less than 2 times per week), and symptom was SEVERE</p> <p>4 = FREQUENTLY (2 or more times per week), and symptom was SEVERE</p>		

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