



Please enter all your symptoms in the following chart. Please fill in all symptoms you have suffered from since the very first time respectively since your last visit here, even you have had them only once.

If your symptoms are not listed in this chart please add them at the end.

Please mark the appropriate fields.

**Legend - How to use the chart:**

**Visit:** 1 : first visit 2 : second visit etc.

**Since when:** Please fill in the date when the symptom first started here (month, year).  
 (Date)

**30 days :** Please mark with an X if the symptoms have been present in the last 30 days

**intensity :** Please mark the pain or symptom intensity with following signs :

**L : light/mild      M : middle between light and strong      S : strong      E : extreme**

Pain scale : 0 = no pain - 10 = intolerable pain

Pain description	Pain scale										Intensity	
	0	1	2	3	4	5	6	7	8	9		10
No pain												No entry
Mild/light pain												<b>L</b>
„middle pain“												<b>M</b>
Strong pain												<b>S</b>
Extreme pain												<b>E</b>

**Frequency :** how often symptoms occur :

**1 : once      2 : twice      S : rarely      O : often      I : always**

**Position :** Please mark the exact position where the symptoms occur on your body :

**L : left      R : right      U : up      D : down**

<b>A</b>	<b>General symptoms</b>	<b>visit</b>	<b>Since when</b>	<b>30 days</b>	<b>intensity</b>	<b>frequency</b>
01	Unusual fatigue, chronic exhaustion, permanent tiredness	1				
		2				
		3				
02	Incompatibility of alcohol, „hangover“ which lasts longer then normal	1				
		2				
		3				
03	General weakness, low condition, physical and mental tiredness	1				
		2				
		3				
04	State of health is improving or degrading with movement	1				
		2				
		3				
05	State of health changes within short periods	1				
		2				
		3				
06	Fever, feverish feeling	1				
		2				
		3				
07	Shivers, feeling cold	1				
		2				
		3				
08	General aches and pains	1				
		2				
		3				
09	Cold hands and feet although you are staying in a warm room	1				
		2				
		3				
10	No fever during a cold, suspicious to infections	1				
		2				
		3				
11	Swollen lymph nodes where ? .....	1				
		2				
		3				
12	Food intolerance which one ? .....	1				
		2				
		3				

<b>A</b>	<b>General symptoms</b>	<b>visit</b>	<b>Since when</b>	<b>30 days</b>	<b>intensity</b>	<b>frequency</b>
13	Insomnia, problems with sleeping throughout the night, falling asleep initial, feeling of exhaustion after waking up, waking up early, not enough sleep	1				
		2				
		3				
14	Night-time sleep .....hours	1				
		2				
		3				
15	Day-time sleep .....hours	1				
		2				
		3				
16	Pain character: migratory, stabbing, shooting, drilling, burning pain where ? .....	1				
		2				
		3				
17	Pain during recovery, often during the day, in the evening, by night	1				
		2				
		3				
18	Frequency of pain: always, depending on weather, stress, movement	1				
		2				
		3				
19	Ague ( shivering)	1				
		2				
		3				
20	Day perspiration, sweating	1				
		2				
		3				
21	Night perspiration including waking up around ..... am / pm	1				
		2				
		3				
22	Symptoms get worse about every fourth week	1				
		2				
		3				
23	Symptoms get worse after infections	1				
		2				
		3				
24	Symptoms changes often between body parts	1				
		2				
		3				

**Intensity** : L : light/mild M : medium S : strong E : extreme  
**Position** : L : left R : right U : up D : down

**Frequency** : 1 : once 2 : twice S : rarely O : often I : always

<b>B</b>	<b>Joints</b>	<b>visit</b>	since when	30 days	intensity	frequency	Left	Right	UP	down	pain	turgor	stiffness
01	Elbows	1											
		2											
		3											
02	Fingers	1											
		2											
		3											
03	Foot, ball of the foot, heel	1											
		2											
		3											
04	Wrist, carpus	1											
		2											
		3											
05	Hip	1											
		2											
		3											
06	Jaw	1											
		2											
		3											
07	Knee	1											
		2											
		3											
08	Ankle	1											
		2											
		3											
09	Neck	1											
		2											
		3											
10	Shoulder	1											
		2											
		3											
11	Ankle-joint	1											
		2											
		3											
12	Toe	1											
		2											
		3											

C	Muscles, Skeleton	visit	Since when	30 days	intensity	frequency	Left, Right		Body spot
							L	R	
01	Achilles tendon pain, tendon problems	1							
		2							
		3							
02	Increasingly restriction in movement	1							
		2							
		3							
03	Carpal tunnel syndrome	1							
		2							
		3							
04	Pain on heel bone, shinbone	1							
		2							
		3							
05	Palsy, e.g. in face	1							
		2							
		3							
06	Muscle cramps	1							
		2							
		3							
07	Muscle pain, ligament pain (fibromyalgia)	1							
		2							
		3							
08	Muscle weakness	1							
		2							
		3							
09	Amyotrophia	1							
		2							
		3							
10	Back pain, stiff back	1							
		2							
		3							
11	Bursitis	1							
		2							
		3							
12	Tremor, muscle tremor, e.g. on face, uncontrolled movements	1							
		2							
		3							

D	Skin variation, disturbance of feelings, paraesthesia	visit	Since when	30 days	intensity	frequency	Position		Body spot
							Left	Right	
01	"Pins and needles"	1							
		2							
		3							
02	Pain when touched, hypersensitive skin	1							
		2							
		3							
03	Burning	1							
		2							
		3							
04	Inflamed nodes in skin	1							
		2							
		3							
05	Inflamed lymphatic pathways, red stripes	1							
		2							
		3							
06	Painful sole of foot	1							
		2							
		3							
07	Skin partly thin, paper-like, transparent	1							
		2							
		3							
08	Chilliness, feeling cold	1							
		2							
		3							
09	Varices, inflammation of veins	1							
		2							
		3							
10	Feeling of prickle, tingle	1							
		2							
		3							
11	"Pins and needles"	1							
		2							
		3							
12	Numbness	1							
		2							
		3							

D	Skin variation, disturbance of feelings, paraesthesia	visit	Since when	30 days	intensity	frequency	Left, Right		Body spot
							L	R	
13	Redness, eczema, spots	1							
		2							
		3							
14	Shooting pain	1							
		2							
		3							
15	Stabbing, piercing pain	1							
		2							
		3							
16	Paraesthesia	1							
		2							
		3							
17	Dry skin	1							
		2							
		3							



<b>E</b>	<b>Brain / nerves</b>	<b>visit</b>	Since when (date)	30 days	Intensity	Frequency
01	Aggressiveness, bad temper, loss of reality, Attacks, change of personality	1				
		2				
		3				
02	Fear, anxiety, panic attacks,	1				
		2				
		3				
03	Lack of energy: restlessness, listlessness, agitation, apathie	1				
		2				
		3				
04	Obnubilation, drowsiness, need to lay down or to sit, feeling of being "beside yourself"	1				
		2				
		3				
05	Impaired consciousness, change of consciousness, clouding of consciousness	1				
		2				
		3				
06	Disorientation, confusion, getting lost	1				
		2				
		3				
07	Smell or taste disorder	1				
		2				
		3				
08	Difficulty in concentrating, reading difficulties, mental block	1				
		2				
		3				
09	Headaches, migraine, feeling of pressure (head)	1				
		2				
		3				
10	Epilepsy, cramp attack or spasm	1				
		2				
		3				
11	Probleme in absorbing new information	1				
		2				
		3				
12	Psychosis, hallucination, paranoia, delusions, bipolar disorder	1				
		2				
		3				

<b>E</b>	<b>Brain / nerves</b>	<b>visit</b>	Since when (date)	30 days	Intensity	Frequency
13	Vertigo, balance disturbance, movement disturbance, dizziness, motion sickness, unsteadiness	1				
		2				
		3				
14	Speech disorder, slip of the tongue, wrong words or pronunciation, difficulties in talking or writing, mixing up letters or figures	1				
		2				
		3				
15	Mood swings, depression, excitability, nervousness	1				
		2				
		3				
16	More afflicted by stress than others, increased crying, reduced self-esteem	1				
		2				
		3				
17	Insecure in going up and down the stairs	1				
		2				
		3				
18	Forgetfulness, bad short-term memory, less attention	1				
		2				
		3				
19	Amentia, confusion, concentration difficulties	1				
		2				
		3				
20	Difficulties remembering names or words (amnesic aphasia), problems finding the right words	1				
		2				
		3				
21	Rage attack, outburst of fury	1				
		2				
		3				

<b>F</b>	<b>Head / Neck</b>	<b>visit</b>	Since when (date)	30 days	Intensity	Frequency	Left, Right
01	Eyes: impairment of visual acuity (scotoma), glaucoma, pain behind eye ball	1					
		2					
		3					
02	Eyes: light sensitivity	1					
		2					
		3					
03	Eyes: vision is double, blurry, foggy, cloudy, flickering	1					
		2					
		3					
04	Eyes: impaired visual acuity	1					
		2					
		3					
05	Red eyes (inflammation of the iris), conjunctivitis, "burning eye"	1					
		2					
		3					
06	Sixth nerve palsy, squinting (strabismus), scotoma	1					
		2					
		3					
07	Tearing eyes	1					
		2					
		3					
08	Dry eyes	1					
		2					
		3					
09	Loss of hair	1					
		2					
		3					
10	Dry throat, swallowing difficulties	1					
		2					
		3					
11	Sore throat	1					
		2					
		3					
12	Jaw: long lasting infections	1					
		2					
		3					

<b>F</b>	<b>Head / Neck</b>	<b>visit</b>	<b>Since when (date)</b>	<b>30 days</b>	<b>Intensity</b>	<b>Frequency</b>	<b>Left, Right</b>
13	Mouth: mucous membrane irritation	1					
		2					
		3					
14	Xerostomia	1					
		2					
		3					
15	Epistaxis/ nose bleeding	1					
		2					
		3					
16	Ears: itchy, swollen earlap	1					
		2					
		3					
17	Ears: sensitive to noise	1					
		2					
		3					
18	earache	1					
		2					
		3					
19	Ringing in the ears, tinnitus, acute hearing loss, hardness of hearing	1					
		2					
		3					
20	Difficulties swallowing, reflux	1					
		2					
		3					
21	Flicking	1					
		2					
		3					
22	Toothache	1					
		2					
		3					

G	Abdomen / thorax Internal organs	visit	Since when (date)	30 days	Intensity	Frequency	Position	
							Left	Right
01	Shortness of breath during physical activity, breathlessness, coughing, need to clear the throat, bronchitis	1						
		2						
		3						
02	Abdominal pain or cramps, pelvis pain	1						
		2						
		3						
03	Pancreas diseases	1						
		2						
		3						
04	Acute bladder, frequent urge to urinate At night around ..... am / pm	1						
		2						
		3						
05	Cystitis, any kind of bladder disorder	1						
		2						
		3						
06	Temporary blood pressure changes, differences between blood pressure of left and right arm	1						
		2						
		3						
07	Diabetes, low blood sugar levels	1						
		2						
		3						
08	Rip pain, thorax pain, soreness of ribs	1						
		2						
		3						
09	Breast pain ( woman ), breast pressure, increased lactation	1						
		2						
		3						
10	Intestinal problems: diarrhoea, constipation	1						
		2						
		3						
11	Genital pain, groin pain	1						
		2						
		3						
12	Bleeding haemorrhoids	1						
		2						
		3						

<b>G</b>	<b>Abdomen / thorax Internal organs</b>	<b>visit</b>	<b>Since when (date)</b>	<b>30 days</b>	<b>Intensity</b>	<b>Frequency</b>	<b>Left, Right</b>
13	Cardiac pain, cardiac flutter	1					
		2					
		3					
14	Cardiac murmurs, cardiac valve prolapse	1					
		2					
		3					
15	Hear palpitations, tachycardia	1					
		2					
		3					
16	Cardiac arrythmia, heart stumbling	1					
		2					
		3					
17	Corset feeling below the chest	1					
		2					
		3					
18	Liver diseases	1					
		2					
		3					
19	Stomach-ache, nausea, sensitive stomach, loss of appetite, vomiting	1					
		2					
		3					
20	Irregularity of menstruation	1					
		2					
		3					
21	Kidney diseases	1					
		2					
		3					
22	Decrease or increase of virility / libido	1					
		2					
		3					
23	Prostate disorders	1					
		2					
		3					
24	Thyroid diseases	1					
		2					
		3					

<b>G</b>	<b>Abdomen / thorax Internal organs</b>	<b>visit</b>	<b>Since when (date)</b>	<b>30 days</b>	<b>Intensity</b>	<b>Frequency</b>	<b>Left, Right</b>
25	Heartburn	1					
		2					
		3					
26	Digestion problems, flatulence	1					
		2					
		3					
27	Diaphragmatic hernia	1					
		2					
		3					