

# IMMUNO SYMPTOM CHECKLIST

Patient name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Present weight \_\_\_\_\_  
 Checklist date \_\_\_\_\_  
 Medical diagnosis (if any) \_\_\_\_\_

## SYMPTOM POINT SCALE:

Using the point scale below, rate each of your symptoms based upon how you have been feeling during the past 30 days.

**NOTE:** If your total in any one category exceeds 10, or your grand total exceeds 50, James Braly, MD, author of "Dr. Braly's Food Allergy and Nutrition Revolution", strongly recommends an IgG Food Sensitivity Assay.

- 0 = **never or almost never** have the symptom
- 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**

**DIGESTIVE TRACT**

Nausea & vomiting \_\_\_\_\_  
 Diarrhea \_\_\_\_\_  
 Constipation \_\_\_\_\_  
 Bloating or passing gas \_\_\_\_\_  
 Belching or passing gas \_\_\_\_\_  
 Stomach pains or cramps \_\_\_\_\_  
 Heartburn \_\_\_\_\_  
 Blood and/or mucous in stools \_\_\_\_\_  
**Total** \_\_\_\_\_

**JOINTS & MUSCLES**

Pains or aches in joints \_\_\_\_\_  
 Arthritis \_\_\_\_\_  
 Stiffness or limitation of movement \_\_\_\_\_  
 Pain or aches in muscles \_\_\_\_\_  
 Feeling of weakness or tiredness \_\_\_\_\_  
 Swollen tender joints \_\_\_\_\_  
 Growing pains in legs \_\_\_\_\_  
**Total** \_\_\_\_\_

**HEAD**

Headaches \_\_\_\_\_  
 Faintness \_\_\_\_\_  
 Dizziness \_\_\_\_\_  
 Insomnia, sleep disorder \_\_\_\_\_  
 Facial flushing \_\_\_\_\_  
**Total** \_\_\_\_\_

**MOUTH & THROAT**

Chronic coughing \_\_\_\_\_  
 Gagging, frequently clearing throat \_\_\_\_\_  
 Sore throat, hoarseness, loss of voice \_\_\_\_\_  
 Swollen or discolored tongue, lips \_\_\_\_\_  
 Canker sores \_\_\_\_\_  
 Itching on roof of mouth \_\_\_\_\_  
**Total** \_\_\_\_\_

**WEIGHT**

Binge eating / drinking \_\_\_\_\_  
 Craving certain foods \_\_\_\_\_  
 Excessive weight \_\_\_\_\_  
 Compulsive eating \_\_\_\_\_  
 Water retention \_\_\_\_\_  
**Total** \_\_\_\_\_

**EYES**

Watery or itchy eyes \_\_\_\_\_  
 Red, swollen or sticky eyelids \_\_\_\_\_  
 Bags or dark circles under eyes \_\_\_\_\_  
 Blurred or tunnel vision \_\_\_\_\_  
**Total** \_\_\_\_\_

**NOSE**

Stuffy nose \_\_\_\_\_  
 Chronically red, inflamed nose \_\_\_\_\_  
 Sinus problems \_\_\_\_\_  
 Hay fever \_\_\_\_\_  
 Sneezing attacks \_\_\_\_\_  
 Excessive mucous formation \_\_\_\_\_  
**Total** \_\_\_\_\_

**EMOTIONS**

Mood swings \_\_\_\_\_  
 Anxiety, fear, nervousness \_\_\_\_\_  
 Anger, irritability, aggressive \_\_\_\_\_  
 Argumentative \_\_\_\_\_  
 Frustrated, cries often \_\_\_\_\_  
 Depression \_\_\_\_\_  
**Total** \_\_\_\_\_

**MIND**

Poor memory \_\_\_\_\_  
 Difficulty completing projects \_\_\_\_\_  
 Difficulty with mathematics \_\_\_\_\_  
 Underachiever in school \_\_\_\_\_  
 Poor / short attention span \_\_\_\_\_  
 Confusion \_\_\_\_\_  
 Easily distracted \_\_\_\_\_  
 Difficulty making decisions \_\_\_\_\_  
 Learning disabilities \_\_\_\_\_  
**Total** \_\_\_\_\_

**LUNGS**

Chest congestion \_\_\_\_\_  
 Asthma, bronchitis \_\_\_\_\_  
 Shortness of breath \_\_\_\_\_  
 Difficulty in breathing \_\_\_\_\_  
 Persistent cough \_\_\_\_\_  
 Wheezing \_\_\_\_\_  
**Total** \_\_\_\_\_

**SKIN**

Acne \_\_\_\_\_  
 Itching \_\_\_\_\_  
 Hives, rash, dry skin \_\_\_\_\_  
 Hair loss \_\_\_\_\_  
 Flushing or hot flashes \_\_\_\_\_  
**Total** \_\_\_\_\_

**EARS**

Itchy ears \_\_\_\_\_  
 Ear aches, ear infections \_\_\_\_\_  
 Drainage from ear \_\_\_\_\_  
 Ringing in ears \_\_\_\_\_  
 Hearing loss \_\_\_\_\_  
 Reddening of ears \_\_\_\_\_  
**Total** \_\_\_\_\_

**HEART**

Irregular or skipped heartbeat \_\_\_\_\_  
 Rapid or pounding heartbeat \_\_\_\_\_  
 Chest pain \_\_\_\_\_  
**Total** \_\_\_\_\_

**ENERGY & ACTIVITY**

Apathy, lethargy \_\_\_\_\_  
 Attention deficit \_\_\_\_\_  
 Fatigue \_\_\_\_\_  
 Hyperactivity \_\_\_\_\_  
 Restlessness \_\_\_\_\_  
 Poor physical coordination \_\_\_\_\_  
 Stuttering or stammering \_\_\_\_\_  
 Slurred speech \_\_\_\_\_  
**Total** \_\_\_\_\_

**OTHER**

Frequent illness \_\_\_\_\_  
 Frequent or urgent urination \_\_\_\_\_  
 Genital itch or discharge \_\_\_\_\_  
 Anal itching \_\_\_\_\_  
**Total** \_\_\_\_\_

