Allergy & Health Solutions Center

NAET Symptom Survey Form

Name: _____Date:_____

INSTRUCTIONS: Number the boxes which apply to you with a 1, 2, or 3. If it does not apply, leave blank.

(1) Mild Symptoms **(2) Moderate Symptoms** **(3) Severe Symptoms**

___ Absent Mindedness
___ Abnormal hair growth
___ Acid foods upset
___ Acne
___ Addiction-Smoke
___ Addiction-Sugar
___ Addiction-Alcohol
___ Addiction-Drug
___ Allergy to Drugs
___ Amnesia-Temporary
___ Anemia
___ Appetite-Excess
___ Appetite-Poor
___ Arthritis
___ Asthma-Bronchial
___ Asthma-Cardiac
___ Athlete's Foot
___ Bad Breath
___ Blurred Vision
___ Bowel Disorders
___ Brain Fog
___ Breast-Pain
___ Breast-Swelling
___ Breast-Lumps
___ Bronchitis

___ Brown Spots
___ Bruise Easily
___ Burning/Itching Anus
___ Burning Feet
___ Coated Tongue
___ Cold Sweats-Often
___ Colds/Flus Frequent
___ Colitis
___ Colon Gas
___ Compulsive Behavior
___ Constipation
___ Cough
___ Cradle Cap
___ Crave Spices
___ Crave Salts
___ Crave Sweets
___ Crave Sour
___ Crave Onions/Beans
___ Crave Bitters
___ Cuts Heal Slowly
___ Dandruff
___ Decreased Sex Drive
___ Depression
___ Diabetes
___ Diarrhea

___ Difficulty In Walking
___ Difficulty In Swallowing
___ Digestion Rapid
___ Diverticulitis
___ Dream Disturbed Sleep
___ Dry Nose
___ Dry Eyes
___ Dry Mouth
___ Dyslexia
___ Ear Aches
___ Ear Infections
___ Eating Disorder
___ Eczema
___ Edema
___ Elbow Pain
___ Excess Thirst
___ Extremities Cold
___ Eyelids Puffy
___ Eyes Watery
___ Eyes Itch
___ Fainting Spells
___ Falling Hair
___ Fatigue
___ Feels Cold Often
___ Feels Insecure

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___ Fever
___ Forgetfulness
___ Frequent Rashes
___ Fungus
___ Gag Easily
___ Gallstones
___ Gastric Distress
___ General Itching
___ Greasy food upset
___ Hair Loss
___ Hay Fever
___ Headache/Sinus
___ Headache/Morning
___ Headache/Afternoon
___ Headache/Migraine
___ Hearing Decreased
___ Heartburn
___ Heart Irregularities
___ Hemorrhoids
___ Herpes
___ High Altitude Problems
___ High Blood Pressure
___ Hip Pain
___ Hives
___ Hoarseness

___ Humidity Discomfort
___ Hungry Between Meals
___ Hyperactivity
___ Hysterectomy
___ Ileocecal Valve
___ Increased Sex Drive
___ Indigestion
___ Insomnia
___ Internal Trembling
___ Irritable Bowels
___ Irritable and Restless
___ Keyed Up-Fails To Calm
___ Knee Pain
___ Labored Breathing
___ Loss Of Taste
___ Low Blood Pressure
___ Low Back Ache
___ Lump In The Throat
___ Memory Loss Short Term
___ Memory Loss Long Term
___ Menses-Scant
___ Menses-Excess
___ Menses-Irregular
___ Menses-Painful
___ Mental Confusion

___ Metallic Taste
___ Mid Back Ache
___ Migrating Pains
___ Milk Causes Discomfort
___ Mood Swings
___ Mucous Production
___ Muscle Cramps At Night
___ Muscle Spasms
___ Nasal Polyps
___ Nausea
___ Neck Pains
___ Nervous Stomach
___ Neuralgia
___ Night Sweats
___ Nose Bleeds
___ Numbness
___ Obsessive Behavior
___ Ovarian Cysts
___ Pain Between Shoulders
___ Pain In Heel Area
___ Pain-Unexplained
___ Perspiration-Excess
___ Phobias
___ Premenstrual Syndrome
___ Poor Memory

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___ Post Nasal Drip
___ Premature Graying
___ Prone To Infections
___ Prostate Troubles
___ Psoriasis
___ Red Eyes
___ Restless Leg Syndrome
___ Ringworm
___ Ringing In The Ears
___ Seizures
___ Sensitive To Cold
___ Sensitive To Heat
___ Shortness Of Breath
___ Sigh Frequently
___ Sinusitis
___ Skin Problems
___ Skin Peels
___ Sleepy During The Day
___ Slow Pulse <65
___ Slow Starter
___ Smell Decreased
___ Sneezing Attacks
___ Sore Throat
___ Sore-Canker Sores
___ Sour Stomach
___ Startle Easily
___ Strong Light Irritation
___ Swollen Ankles-Feet
___ Thickening Skin
___ Thinning Skin
___ Throat Constriction
___ Tightness In The Chest
___ Tingling Sensations
___ Tire Easily
___ Tourette's Syndrome
___ Upper Back Ache
___ Urinary Tract Disorders
___ Urination Difficulty
___ Urine Amount Increases
___ Urine Amount Reduced
___ Uterine Polyps
___ Vaginal Discharge
___ Varicose Veins
___ Vomiting-Frequent
___ Warts
___ Weak Nails
___ Weight Gain
___ Weight Loss
___ White Spots
___ Worrier
___ Yeast Infections