SYMPTOM SENSITIVITY SCALE

DIRECTIONS: On a scale of 0-2, give every single symptom a number for how often you have it.

0 = NEVER	1 = ONCE A WEEK	2 = SEVERAL TIMES A WEEK

QUESTION 1

ON A SCALE OF 0-2 HOW OFTEN DO YOU EXPERIENCE THE FOLLOWING HEAD & MOOD SYMPTOMS:

HEADACHE	☐ 0	☐ 1	☐ 2
TROUBLE CONCENTRATING	☐ 0	☐ 1	☐ 2
ANXIETY	☐ 0	☐ 1	☐ 2
DEPRESSION	☐ 0	☐ 1	☐ 2

QUESTION 2

ON A SCALE OF 0-2 HOW OFTEN DO YOU EXPERIENCE THE FOLLOWING SENSITIVITY SYMPTOMS IN YOUR MID-SECTION:

BLOATING	☐ 0	☐ 1	☐ 2
GAS	☐ 0	☐ 1	☐ 2
CONSTIPATION	☐ 0	☐ 1	☐ 2
DIARRHEA	☐ 0	☐ 1	☐ 2

QUESTION 3

ON A SCALE OF 0-2 HOW OFTEN DO YOU EXPERIENCE THESE TOP TO BOTTOM SENSITIVITY SYMPTOMS:

EXHAUSTION	☐ 0	☐ 1	☐ 2
FATIGUE	☐ 0	☐ 1	☐ 2
ACHING JOINTS	☐ 0	☐ 1	☐ 2
SKIN RASH	☐ 0	☐ 1	☐ 2

ADD UP ALL 12 NUMBERS.
YOUR FINAL NUMBER SHOULD BE SOMEWHERE BETWEEN 0 AND 24.

TOTAL: