

MRT - Symptom Survey

Name

Date

Height

Weight

INSTRUCTIONS:

Fill this form out prior to each MRT test that you do.

If a symptom applies to you, type a "X" in column A or B to indicate how often you have it.

Then, enter a "X" in columns C, D, E, or F to indicate how strong the symptom usually is.

If a symptom does NOT apply to you, do NOT type anything on the line. Leave it blank.

Note: Ideally, your total score should be zero. As you work with your protocol and as your health improves, your total scores will drop lower and lower.

Your Total Score		A	B	C	D	E	F
		FREQUENCY		INTENSITY			
SYMPTOM		often 2 pts.	sometimes 2 pts.	weak 2 pts.	mild 3 pts.	strong 5 pts.	extreme 7 pts.
Constitution	can't fall asleep						
	fatigue, sluggish, tired						
	hyperactive, nervous energy						
	low energy						
	restless, can't relax or sit still						
	sleepy, drowsy during the day						
	wakeup, can't go back to sleep						
Mental / Emotional	anxiety						
	can't concentrate						
	depression						
	feel hopeless						
	forgetfulness						
	irritability						
	lack of focus						
	rapid, distinct mood changes						
	uneasiness						
vague fears							
Head / Ears	ear infection						
	earache						
	headaches (any kind)						
	itchy ears						
	ringing in ear						
Skin	acne						
	eczema						
	flushed cheeks						
	hives						
	rashes						
	skin blemishes						

Sinus	post nasal drip						
	runny nose						
	sinus pain						
	sneezing						
	stuffy nose						
Mouth / Throat	canker sores						
	gagging						
	sore throat						
	swelling of tongue						
	swelling or lips						
	swollen throat						
	throat clearing						
SYMPTOM		often 2 pts.	sometimes 2 pts.	weak 2 pts.	mild 3 pts.	strong 5 pts.	extreme 7 pts.
Lungs	asthma						
	chest congestion						
	non-productive coughing						
	productive coughing						
	wheezing						
Eyes	dark circles						
	itchy eyes						
	puffy under eyes						
	red eyes						
	swollen eyes						
	watery eyes						
Heart - Muscles	high blood pressure						
	irregular heartbeat						
	joint pains						
	muscle aches						
	stiff joints						
	stiff muscles						
Digestion	acid reflux						
	bloating						
	heartburn						
	intestinal gas						
	intestinal pains						
	nausea						
	stomach gas, burping						
	stomach pains/cramps						
	vomiting						
Elimination	constipation						
	diarrhea						
	increased urinary frequency						
	painful bowel movements						
	painful urination						
Weight	binge drinking						
	binge eating						
	fluctuating weight						
	food cravings						
	purging						
	water retention						
Your Total Score		A	B	C	D	E	F
		FREQUENCY		INTENSITY			