

Use the Inflammation Index to rate each of the following symptoms based upon your typical health profile for the past 30 days. In addition to pain, inflammation can affect many systems and organs. Use the scale below to rate yourself from 0 (no symptoms) to 4 (frequent/severe).

Point Scale

- 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

HEAD

- _____ Headaches/migraines
- _____ Dizziness
- _____ Trouble sleeping
- _____ Faintness
- Total_____

EYES

- _____ Watery or itchy eyes
- _____ Red or swollen, eyelids
- _____ Bags or dark circles under eyes
- _____ Vision problems
- Total_____

EARS

- _____ Itchy ears
- _____ Earaches
- _____ Drainage from ear
- _____ Ringing or hearing loss
- Total_____

NOSE

- _____ Stuffy nose
- _____ Sinus problems
- _____ Hay fever
- _____ Sneezing attacks
- _____ Excessive mucus formation
- Total_____

THROAT

- _____ Chronic coughing
- _____ Frequent need to clear throat
- _____ Sore throat or hoarseness
- _____ Discolored tongue, gums, lips
- Total_____

SKIN

- _____ Acne
- _____ Rash/hives
- _____ Hair loss
- _____ Hot flashes
- _____ Excessive sweating
- Total_____



HEART

- _____ Irregular heartbeat
- _____ Racing or pounding heartbeat
- _____ Chest pain
- Total_____

LUNGS

- _____ Chest congestion
- _____ Asthma, bronchitis
- _____ Shortness of breath
- _____ Difficulty breathing
- Total_____

DIGESTION

- _____ Nausea, vomiting
- _____ Diarrhea
- _____ Constipation
- _____ Bloating
- _____ Gas
- _____ Heartburn
- _____ Stomach pain
- Total_____

MUSCULOSKELETAL

- _____ Pain or aches in joints
- _____ Arthritis
- _____ Stiffness or limitation of movement
- _____ Pain in muscles
- _____ Feeling of weakness
- Total_____

WEIGHT

- _____ Excessive weight
- _____ Binge eating
- _____ Cravings
- _____ Compulsive eating
- Total_____

ENERGY

- _____ Fatigue, sluggishness
- _____ Lethargic
- _____ Hyperactivity
- _____ Restlessness
- Total_____

BRAIN

- _____ Poor memory
- _____ Confusion
- _____ Brain fog
- _____ Difficulty making decisions
- _____ Speech problems
- Total_____

MOOD

- _____ Mood swings
- _____ Anxiety, fear, nervousness
- _____ Anger, irritability
- _____ Depression
- Total_____

Grand Total_____

Add up your totals and notice the specific areas where you seem to have the most issues. After completing _____ days of nutrition and lifestyle changes, take the quiz again and see if your total score has decreased and note which symptoms have improved.

*Many with persistent pain have higher symptoms in the categories of musculoskeletal, digestion, mood, and brain.