

Name: _____ Date: _____

Wilson's Temperature Syndrome

SYMPTOM CHECKLIST

You can use this sheet to track your progress with your symptoms by rating them before, during and after treatment (marking the dates at the top of each column). You can rate each symptom on a scale of 1 to 10 on how you feel; 10 being how you imagine a normal person to feel, 1 being terrible.

PUT DATES HERE:			before	during	after				before	during	after
Fatigue	()	()	()	()	()	Abnormal throat sensations	()	()	()	()	()
Headaches	()	()	()	()	()	Sweating abnormalities	()	()	()	()	()
Migraines	()	()	()	()	()	Heat and/or cold intolerance	()	()	()	()	()
PMS	()	()	()	()	()	Low self esteem	()	()	()	()	()
Irritability	()	()	()	()	()	Irregular periods	()	()	()	()	()
Fluid retention	()	()	()	()	()	Sever menstrual cramps	()	()	()	()	()
Anxiety	()	()	()	()	()	Low blood pressure	()	()	()	()	()
Panic attacks	()	()	()	()	()	Frequent colds and sore throats	()	()	()	()	()
Hair loss	()	()	()	()	()	Frequent urinary infections	()	()	()	()	()
Depression	()	()	()	()	()	Light-headedness	()	()	()	()	()
Decreased Memory	()	()	()	()	()	Ringling in the ears	()	()	()	()	()
Decreased concentration	()	()	()	()	()	Slow wound healing	()	()	()	()	()
Decreased sex drive	()	()	()	()	()	Easy bruising	()	()	()	()	()
Unhealthy nails	()	()	()	()	()	Acid indigestion	()	()	()	()	()
Low motivation	()	()	()	()	()	Flushing	()	()	()	()	()
Constipation	()	()	()	()	()	Frequent yeast infections	()	()	()	()	()
Irritable Bowel Syndrome	()	()	()	()	()	Cold hands/feet, turn blue?	()	()	()	()	()
Inappropriate weight gain	()	()	()	()	()	Poor coordination	()	()	()	()	()
Dry skin	()	()	()	()	()	Increased nicotine/caffeine use	()	()	()	()	()
Dry hair	()	()	()	()	()	Infertility	()	()	()	()	()
Insomnia	()	()	()	()	()	Hypoglycemia	()	()	()	()	()
Needing sleep during the day	()	()	()	()	()	Increased skin infections/Acne	()	()	()	()	()
Arthritis and joint aches	()	()	()	()	()	Abnormal swallowing sensations	()	()	()	()	()
Allergies	()	()	()	()	()	Changes in skin pigmentation	()	()	()	()	()
Asthma	()	()	()	()	()	Prematurely grey/white hair	()	()	()	()	()
Muscular Aches	()	()	()	()	()	Excessively tired after eating	()	()	()	()	()
Itchiness of skin	()	()	()	()	()	Carpal Tunnel Syndrome	()	()	()	()	()
Elevated cholesterol	()	()	()	()	()	Dry eyes/blurred vision	()	()	()	()	()
Ulcers	()	()	()	()	()	Hives	()	()	()	()	()
						Bad breath	()	()	()	()	()
						TOTAL FOR BOTH SIDES (out of 600)	()	()	()	()	()

Referred by: _____

Comments: _____
