

Symptom checklist	Week of:										
Name:											
Fatigue	1	2	3	4	5	6	7	8	9	10	n/a
Cold intolerance	1	2	3	4	5	6	7	8	9	10	n/a
Brain Fog	1	2	3	4	5	6	7	8	9	10	n/a
Irritability	1	2	3	4	5	6	7	8	9	10	n/a
Weight Loss	1	2	3	4	5	6	7	8	9	10	n/a
Nausea	1	2	3	4	5	6	7	8	9	10	n/a
Bloating	1	2	3	4	5	6	7	8	9	10	n/a
Constipation	1	2	3	4	5	6	7	8	9	10	n/a
Acne	1	2	3	4	5	6	7	8	9	10	n/a
Acid Reflux	1	2	3	4	5	6	7	8	9	10	n/a
Depression	1	2	3	4	5	6	7	8	9	10	n/a
Anxiety	1	2	3	4	5	6	7	8	9	10	n/a
Night Sweats	1	2	3	4	5	6	7	8	9	10	n/a
Trouble falling asleep	1	2	3	4	5	6	7	8	9	10	n/a
Trouble staying asleep	1	2	3	4	5	6	7	8	9	10	n/a
Joint pain	1	2	3	4	5	6	7	8	9	10	n/a
Rashes	1	2	3	4	5	6	7	8	9	10	n/a
Other:	1	2	3	4	5	6	7	8	9	10	n/a
1 minimal symptoms --> 10 terrible symptoms											

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