

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.

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

Referred by: _____

Comments: _____
