

This chart is a good way to help you keep track of your progress. Please fill out this form prior to your first visit, and take it to the office with you.

-Please make several copies of the blank forms to work on.

-Use the left-hand column to check your symptoms from the date started.

-Every three weeks check your progress, comparing the current date with the last one.

-Use the symbols in the legend to evaluate your symptoms.

You may find that some symptoms simply disappear while some may get worse, remain the same and then progress towards better.

Most of us tend to lose track of how we felt when things were really bad.

This chart will give you a sense of accomplishment and joy in knowing that things are getting better, and that it is all worth the effort!

In Joy and Wellness  
Dr. Sheila Ryan D.Div.

This chart comes from the "The Candida Directory and Cookbook" by H Gustafson and M O'Shea.

<b>Date Started</b>	<b>Symptom</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
LEGEND	W = WORSE	S = SAME	B = BETTER	G = GONE
<b>NERVES AND FEELINGS</b>				
	anxiety			
	apathy			
	confusion			
	depression			
	dizziness			
	fainting			
	fatigue			
	feelings of rage			
	forgetfulness			
	hallucinations			
	headache			
	hyperactivity			
	insomnia/nightmares			
	irritability			
	learning disorders			
	migraine			
	mood swings			
	numbness and tingling			
	poor concentration			
	seizures			
	sleepiness			
	spacey feelings			
	other			
<b>SKIN</b>				
	acne			
	athlete's foot			
	body fungus			
	dandruff			
	dryness/oiliness			
	flushing			
	itching			
	pallor			
	rash/hives/eczema/other			
	sores/infections			
	other			
<b>EYES AND VISION</b>				
	blurring			
	burn			
	circles under eyes			
	itching			
	pain			

<b>Date Started</b>	<b>Symptom</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
<b>LEGEND</b>	W = WORSE	S = SAME	B = BETTER	G = GONE
	puffy eyes			
	red eyes			
	sensitive to light			
	spots/floaters			
	tearing			
	other			
<b>EARS</b>				
	earache			
	extreme sensitivity to sound			
	full/blocked/pressure			
	itching			
	ringing in ears			
	other			
<b>NASAL</b>				
	itchy nose			
	nosebleed			
	post-nasal drip			
	runny nose			
	sinus discomfort/face pain			
	sneezing fits			
	stuffy nose			
	other			
<b>THROAT, MOUTH, GUMS</b>				
	bad metallic taste/bad breath			
	canker sores			
	choking			
	coated tongue			
	difficulty in swallowing			
	dry lips			
	hoarse voice			
	increased salivation			
	itching			
	mucus			
	sensitive teeth			
	soreness			
	tightness in throat			
	other			
<b>LYMPH SYSTEM</b>				
	swollen tender glands			
<b>BLOOD VESSELS</b>				
	chilly feeling			

<b>Date Started</b>	<b>Symptom</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
LEGEND	W = WORSE	S = SAME	B = BETTER	G = GONE
	cold hands and feet			
	generalized swelling			
	low/high blood pressure			
	low body temperature			
	puffy face			
	spontaneous bruising			
	sweating			
	other			
<b>HEART AND LUNGS</b>				
	chest pain			
	coughing			
	difficulty in breathing			
	pounding pulse			
	rapid breathing			
	rapid or irregular pulse			
	shortness of breath			
	tightness in chest			
	wheezing			
	other			
<b>GASTRO/INTESTINAL</b>				
	belching			
	burning sensation			
	constipation			
	cramps			
	diarrhea			
	fullness/bloating			
	gas			
	hunger/thirst			
	nausea			
	pain			
	rectal itch			
	rumbling			
	stomach ache			
	soiling			
	vomiting			
	other			
<b>WEIGHT PROBLEM</b>				
	easy gain			
	easy loss			
	fluid retention			
	food aversions			
	food cravings			
	night eating			
	need to gain			

<b>Date Started</b>	<b>Symptom</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
LEGEND	W = WORSE	S = SAME	B = BETTER	G = GONE
	need to lose			
	other			
<b>GENITO/URINARY</b>				
	bed wetting			
	breast swelling			
	frequent urination			
	impotence			
	loss of libido			
	menstrual irregularities			
	painful urination			
	urgency to urinate			
	vaginal discharge			
	yeast infections			
	other			
<b>MUSCLES</b>				
	aching/pain;neck, back, legs			
	shakiness;neck, back, legs			
	weakness;neck, back, legs			
	other			
<b>JOINTS</b>				
	aches			
	red/warm			
	swelling			