



Dr. King's Whole Health Assessment & Healing Progress Tracker

*A personal tool to identify, prioritize, measure,
and monitor your symptoms over time.*

YOUR HEALING JOURNEY IN 3 SIMPLE STEPS

1

Score

Score each symptom
that applies to you.

2

Prioritize

List your highest-scored
symptoms on the tracker.

3

Track

Re-score over time and
see what's improving.

Name _____

Assessment Date _____

*Please print and complete by hand. Keep this assessment as part of
your personal, private health record.*

Introduction

This Personal Whole Health Assessment is the result of 50+ years of Dr. King's natural healing practice and research. It is designed to help you see a clearer, more complete picture of your current health.

Your symptoms are personal and unique to you. They are signals your body is communicating, and they deserve your attention. Symptoms aren't something to silence; they're clues to guide you toward solutions. Recording the details of your symptoms — and knowing which are affecting you most — is an important step in understanding where you are today.

Knowing where you currently stand is essential to determining where you want to go. This assessment gives you a starting point, while the Healing Progress Tracker helps you measure your progress, recognize what is working, and identify which natural medicines, techniques, and lifestyle tweaks to try next.

Powerful, Personal & Private

This assessment is yours alone. We encourage you to print it, complete it privately, and keep it as part of your personal health file. Measuring your symptoms over time can reveal improvements you might otherwise forget — and help you see clearly what is improving, what remains unchanged, and what may need more attention.

How to Complete Your Assessment

Set aside 20–30 minutes in a quiet spot, then:

1. **Score what applies.** Rate each symptom you have today from 1 (very mild) to 5 (very severe). Leave it blank if it doesn't apply.

1	2	3	4	5
Very mild or occasional	Mild	Moderate	Severe	Very severe

2. **Add the details.** Use the Description & Details column to note when it happens, how often, what triggers it, or anything else you notice.
3. **Fill in what's missing.** If a symptom isn't listed, write it in an "Other" row and score it too.

Urgent symptoms such as chest pain, severe difficulty breathing, fainting, suicidal thoughts, or any other potentially life-threatening concern require immediate professional or emergency assistance. If you are experiencing thoughts of suicide, please seek immediate crisis or emergency support rather than waiting to monitor the symptom.

Personal Whole Health Assessment

1. General Physical & Constitutional Symptoms

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Fatigue <i>tiredness, low energy</i>	
	Headaches <i>tension, allergic, migraine</i>	
	Weakness <i>lethargy</i>	
	Dizziness/ Lightheadedness when standing	
	Vertigo <i>room spinning</i>	
	Tinnitus <i>ringing or buzzing in ears</i>	
	Eye stress/strain, dry or aging eyes	
	Decrease in vision	
	Blurred vision	
	Light sensitivity/photophobia	
	Swollen lymph nodes	
	Dehydration	
	Unexplained weight loss or gain	
	Feeling too hot or cold	
	Fainting	

1. General Physical & Constitutional Symptoms

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

2. Emotional & Mental Stress

Symptoms are included in this category because they are commonly related to, or an underlying cause of, physical issues.

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Anxiety/anxiousness	
	Excessive worry/dread	
	Irritability	
	Anger/rage/outbursts	
	Depressed mood	
	Nervousness	
	Frequent leg shake, tapping feet	
	Panic attacks	
	Fears/phobias	
	Feelings of grief/guilt	
	Feeling overloaded or overwhelmed	
	Feeling of loneliness or worthlessness	

2. Emotional & Mental Stress

Symptoms are included in this category because they are commonly related to, or an underlying cause of, physical issues.

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Obsessive or compulsive behavior	
	Difficulty breathing or frequent sighing	
	History of mental/emotional trauma	
	Avoidance behavior	
	Emotional numbness	
	Overreaction to petty annoyances	
	Mood swings	
	Negative self-talk	
	Difficulty making decisions	
	Problems with communication or sharing	
	Disorganization	
	Increased number of minor accidents/injuries	
	Increased use of excuses	
	Reduced work efficiency or productivity	

2. Emotional & Mental Stress

Symptoms are included in this category because they are commonly related to, or an underlying cause of, physical issues.

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Decreased interest in appearance or punctuality	
	Social withdrawal and isolation	
	Crying spells	
	Suicidal thoughts <i>If this applies to you, please seek immediate crisis or emergency support — see page 2.</i>	
	Binge eating or anorexia	
	Excessive defensiveness or suspiciousness	
	Restlessness	
	Sweaty hands or feet	
	Addictions <i>drugs, alcohol, smoking, other</i>	
	Excessive gambling or impulse buying	
	Tension, tenderness, or pain in neck, jaw, or temporal areas	
	Gritting or grinding teeth	
	Frequent infections, herpes sores	
	Difficulty making changes	

2. Emotional & Mental Stress

Symptoms are included in this category because they are commonly related to, or an underlying cause of, physical issues.

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Difficulty with self-control	
	Difficulty sticking to changes/commitments	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

3. Cognitive & Neurological

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Brain fog	
	Difficulty concentrating	
	Memory loss/problems	
	Confusion/disorientation	
	Slow thinking, learning, or comprehension	
	Trouble finding words	
	Depersonalization <i>feeling detached from yourself or your body</i>	
	Derealization <i>feeling as though the world is unreal or dreamlike</i>	

3. Cognitive & Neurological

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Trembling/shaking	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

4. Musculoskeletal & Pain

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Lower back pain	
	Arthritis pain	
	Upper back pain	
	Neck pain	
	Peripheral nerve pain <i>toes, feet, fingers</i>	
	Shoulder pain	
	General pain/stiffness	
	Muscle aches/tension	
	Muscle spasms, cramps, twitches	
	Knee pain	

4. Musculoskeletal & Pain

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Foot/ankle pain	
	Hand/wrist pain, carpal tunnel	
	Jaw pain/tension	
	Nerve pain/sciatica	
	Weak or unstable legs	
	Balance issues	
	Reduced mobility	
	Recurring injuries	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

5. Sleep

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Insomnia <i>trouble falling asleep</i>	
	Waking at night <i>difficulty staying asleep</i>	
	Nightmares	

5. Sleep

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Excessive sleeping/hypersomnia	
	Hypnic jerks/falling sensation	
	Restless legs syndrome	
	Night sweats	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

6. Skin, Hair & Nails

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Rash	
	Dry skin	
	Itching	
	Numbness, tingling, pins and needles/paresthesia	
	Burning sensation (skin)	
	Brittle or weak nails	
	Nail fungus	

6. Skin, Hair & Nails

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Acne <i>teenage or adult</i>	
	Bruising	
	Skin lesions/eczema/psoriasis	
	Athlete's foot	
	Cysts, warts, skin tags, liver or age spots	
	Premature aging	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

7. Cardiovascular

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Chest pain/tightness	
	Heart palpitations/racing heart	
	High blood pressure	
	Low blood pressure	

7. Cardiovascular

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Irregular heartbeat/skipped beats	
	Cold hands/feet	
	Flushing hot/cold	
	Swelling in legs/feet/edema	
	Feeling of impending doom	
	Fear of having a heart problem	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

8. Respiratory, Ear, Nose & Throat

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Wheezing	
	Shortness of breath/dyspnea	
	Nasal congestion	
	Sinusitis	
	Allergies	

8. Respiratory, Ear, Nose & Throat

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Environmental sensitivities <i>list</i>	
	Food allergies <i>list</i>	
	Frequent colds or flu	
	Sore throat	
	Runny nose	
	Sneezing	
	Hoarseness	
	Asthma	
	Excessive mucus	
	Snoring loudly	
	Ear pain	
	Ear fullness/popping	
	Hearing loss	
	Loss of smell	
	Loss of taste	
	Dry mouth	
	Difficulty swallowing/dysphagia	

8. Respiratory, Ear, Nose & Throat

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

9. Digestive & Gastrointestinal

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Nausea	
	Vomiting	
	Constipation	
	Diarrhea	
	Stomach aches/cramps	
	Heartburn/acid reflux	
	Bloating/gas	
	Excessive or loss of appetite	
	Feeling of something stuck in throat	

9. Digestive & Gastrointestinal

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Bad breath	
	Stomach ulcers	
	Anal pain/itching	
	Abdominal pain	
	Hemorrhoids	
	Rectal bleeding	
	Fecal incontinence <i>leakage</i>	
	Jaundice/yellowing skin	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

10. Urinary & Reproductive

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Frequent/urgent urination	
	Painful urination	
	Urinary incontinence	

10. Urinary & Reproductive

SCORE	SYMPTOM	DESCRIPTION & DETAILS
	Reduced libido	
	Menstrual difficulties/PMS/cramps	
	Irregular periods	
	Painful sex	
	Menstrual changes/menopause	
	Yeast infections	
	Erectile dysfunction	
	Benign prostate enlargement/hypertrophy	
	Diminished urine stream	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	
	<i>Other</i>	

Dr. King's Healing Progress Tracker

Your Whole Health Assessment helps you identify where to begin. Your Healing Progress Tracker helps you track what happens next.

1

Prioritize. Go back through your assessment and pick up to 25 of your highest-scored symptoms. Start with your 5s, then your 4s, then your 3s.

2

Track. List them down the left side of the tracker on the next page and record today's scores in the first column. Re-score weekly at first — it only takes 30 seconds to a minute. Once the majority of your symptoms have improved, re-score every 2–4 weeks. When a symptom reaches 0, that's a win!

3

Adjust. Let your results guide your next steps. Match products, techniques, and lifestyle tweaks to the symptoms still scoring high. You'll find them all at drkings.com.

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Progress Notes

Improvements I Have Noticed

Symptoms That Need More Attention

Questions for My Healthcare Practitioner

My Current Next Steps



Continue your healing journey

Free home-healing eBooks and the full line of
Dr. King's Natural Medicine.

drkings.com

IMPORTANT HEALTH GUIDANCE

This assessment is an educational self-awareness and progress-monitoring tool. It is intended to help you become more aware of your symptoms and to track changes in them over time. It is not intended to diagnose, treat, cure, or prevent any disease, and it does not replace evaluation, diagnosis, or treatment by a qualified healthcare professional. Please discuss any new, severe, persistent, or worsening symptoms with an appropriate healthcare professional.