Timeline Form

Please use the form below to list any major life events or illnesses and any symptoms that you have experienced throughout the years. Do you see any correlations between these events and any of the symptoms you may have or had?

	Birth to 15 years	15 to 25 years	25 to 35 years	35 to 45 years	45 to 55 years	55 years to current
Life Events or Illness						
			Moved to a new state	New job		
	Fatigue in early teens	Engaged	2 Children	Very busy!		
	Chicken pox	First job out of college	Marriage	Loss of family member		
Symptoms	Fatigue	Heavy stress!	Stress	Not sleeping well		
	Many chest colds	Fatigue	Stomach upset	Fatigued		
			Gas/bloating	Constipation always		
				Gas and bloating		
				Queasy with some meals		