

SYMPTOM SURVEY FORM



Patient _____ Doctor _____ Date _____

Birth Date ____ / ____ / ____ Approx Weight _____ Vegetarian: Yes No

INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.

- * Fill in the circle marked 1 for MILD symptoms (occur once or twice a year).
- * Fill in the circle marked 2 for MODERATE symptoms (occur several times a month).
- * Fill in the circle marked 3 for SEVERE symptoms (you are aware of it almost constantly).

Leave circles BLANK if they don't apply to you!

GROUP ONE

- | | | |
|---|--|---|
| 1 <input type="radio"/> <input type="radio"/> <input type="radio"/> Acid foods upset | 8 <input type="radio"/> <input type="radio"/> <input type="radio"/> Gag easily | 15 <input type="radio"/> <input type="radio"/> <input type="radio"/> Appetite reduced |
| 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get chilled often | 9 <input type="radio"/> <input type="radio"/> <input type="radio"/> Unable to relax; startles easily | 16 <input type="radio"/> <input type="radio"/> <input type="radio"/> Cold sweats often |
| 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Lump" in throat | 10 <input type="radio"/> <input type="radio"/> <input type="radio"/> Extremities cold, clammy | 17 <input type="radio"/> <input type="radio"/> <input type="radio"/> Fever easily raised |
| 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dry mouth-eyes-nose | 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> Strong light irritates | 18 <input type="radio"/> <input type="radio"/> <input type="radio"/> Neuralgia-like pains |
| 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pulse speeds after meal | 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> Urine amount reduced | 19 <input type="radio"/> <input type="radio"/> <input type="radio"/> Staring, blinks little |
| 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> Keyed up - fail to calm | 13 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart pounds after retiring | 20 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sour stomach often |
| 7 <input type="radio"/> <input type="radio"/> <input type="radio"/> Cut heals slowly | 14 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Nervous" stomach | |

GROUP TWO

- | | | |
|---|---|---|
| 21 <input type="radio"/> <input type="radio"/> <input type="radio"/> Joint stiffness on arising | 29 <input type="radio"/> <input type="radio"/> <input type="radio"/> Digestion rapid | 37 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Slow starter" |
| 22 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle-leg-toe cramps at night | 30 <input type="radio"/> <input type="radio"/> <input type="radio"/> Vomiting frequent | 38 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get "chilled" infrequently |
| 23 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Butterfly" stomach, cramps | 31 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hoarseness frequent | 39 <input type="radio"/> <input type="radio"/> <input type="radio"/> Perspire easily |
| 24 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyes or nose watery | 32 <input type="radio"/> <input type="radio"/> <input type="radio"/> Breathing irregular | 40 <input type="radio"/> <input type="radio"/> <input type="radio"/> Circulation poor, sensitive to cold |
| 25 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyes blink often | 33 <input type="radio"/> <input type="radio"/> <input type="radio"/> Pulse slow; feels "irregular" | 41 <input type="radio"/> <input type="radio"/> <input type="radio"/> Subject to colds, asthma, bronchitis |
| 26 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eyelids swollen, puffy | 34 <input type="radio"/> <input type="radio"/> <input type="radio"/> Gagging reflex slow | |
| 27 <input type="radio"/> <input type="radio"/> <input type="radio"/> Indigestion soon after meals | 35 <input type="radio"/> <input type="radio"/> <input type="radio"/> Difficulty swallowing | |
| 28 <input type="radio"/> <input type="radio"/> <input type="radio"/> Always seems hungry; feels "lightheaded" often | 36 <input type="radio"/> <input type="radio"/> <input type="radio"/> Constipation, diarrhea alternating | |

GROUP THREE

- | | | |
|---|---|--|
| 42 <input type="radio"/> <input type="radio"/> <input type="radio"/> Eat when nervous | 49 <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart palpitates if meals missed or delayed | 53 <input type="radio"/> <input type="radio"/> <input type="radio"/> Crave candy or coffee in afternoons |
| 43 <input type="radio"/> <input type="radio"/> <input type="radio"/> Excessive appetite | 50 <input type="radio"/> <input type="radio"/> <input type="radio"/> Afternoon headaches | 54 <input type="radio"/> <input type="radio"/> <input type="radio"/> Moods of depression - "blues" or melancholy |
| 44 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hungry between meals | 51 <input type="radio"/> <input type="radio"/> <input type="radio"/> Overeating sweets upsets | 55 <input type="radio"/> <input type="radio"/> <input type="radio"/> Abnormal craving for sweets or snacks |
| 45 <input type="radio"/> <input type="radio"/> <input type="radio"/> Irritable before meals | 52 <input type="radio"/> <input type="radio"/> <input type="radio"/> Awaken after few hours sleep - hard to get back to sleep | |
| 46 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get "shaky" if hungry | | |
| 47 <input type="radio"/> <input type="radio"/> <input type="radio"/> Fatigue, eating relieves | | |
| 48 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|--|---|---|
| 56 <input type="radio"/> <input type="radio"/> <input type="radio"/> Hands and feet go to sleep easily, numbness | 63 <input type="radio"/> <input type="radio"/> <input type="radio"/> Get "drowsy" often | 68 <input type="radio"/> <input type="radio"/> <input type="radio"/> Bruise easily, "black and blue" spots |
| 57 <input type="radio"/> <input type="radio"/> <input type="radio"/> Sigh frequently, "air hunger" | 64 <input type="radio"/> <input type="radio"/> <input type="radio"/> Swollen ankles, worse at night | 69 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tendency to anemia |
| 58 <input type="radio"/> <input type="radio"/> <input type="radio"/> Aware of "breathing heavily" | 65 <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle cramps, worse during exercise; get "charley horses" | 70 <input type="radio"/> <input type="radio"/> <input type="radio"/> "Nose bleeds" frequent |
| 59 <input type="radio"/> <input type="radio"/> <input type="radio"/> High altitude discomfort | 66 <input type="radio"/> <input type="radio"/> <input type="radio"/> Shortness of breath on exertion | 71 <input type="radio"/> <input type="radio"/> <input type="radio"/> Noises in head, or "ringing in ears" |
| 60 <input type="radio"/> <input type="radio"/> <input type="radio"/> Opens windows in closed rooms | 67 <input type="radio"/> <input type="radio"/> <input type="radio"/> Dull pain in chest or radiating into left arm, worse on exertion | 72 <input type="radio"/> <input type="radio"/> <input type="radio"/> Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 <input type="radio"/> <input type="radio"/> <input type="radio"/> Susceptible to colds and fevers | | |
| 62 <input type="radio"/> <input type="radio"/> <input type="radio"/> Afternoon "yawner" | | |

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GROUP FIVE

- | | | |
|---|---|--|
| <p>1 2 3
73 ○○○ Dizziness</p> <p>74 ○○○ Dry skin</p> <p>75 ○○○ Burning feet</p> <p>76 ○○○ Blurred vision</p> <p>77 ○○○ Itching skin and feet</p> <p>78 ○○○ Excessive falling hair</p> <p>79 ○○○ Frequent skin rashes</p> <p>80 ○○○ Bitter, metallic taste in mouth
in mornings</p> <p>81 ○○○ Bowel movements painful or
difficult</p> <p>82 ○○○ Worrier, feels insecure</p> | <p>1 2 3
83 ○○○ Feeling queasy; headache
over</p> <p>84 ○○○ Greasy foods upset</p> <p>85 ○○○ Stools light colored</p> <p>86 ○○○ Skin peels on foot soles</p> <p>87 ○○○ Pain between shoulder blades</p> <p>88 ○○○ Use laxatives</p> <p>89 ○○○ Stools alternate from soft to
watery</p> <p>90 ○○○ History of gallbladder attacks or
gallstones</p> | <p>1 2 3
91 ○○○ Sneezing attacks</p> <p>92 ○○○ Dreaming, nightmare type bad
dreams</p> <p>93 ○○○ Bad breath (halitosis)</p> <p>94 ○○○ Milk products cause distress</p> <p>95 ○○○ Sensitive to hot weather</p> <p>96 ○○○ Burning or itching anus</p> <p>97 ○○○ Crave sweets</p> |
|---|---|--|

GROUP SIX

- | | | |
|--|---|---|
| <p>1 2 3
98 ○○○ Loss of taste for meat</p> <p>99 ○○○ Lower bowel gas several hours
after eating</p> <p>100 ○○○ Burning stomach sensations,
eating relieves</p> | <p>1 2 3
101 ○○○ Coated tongue</p> <p>102 ○○○ Pass large amounts of
foul-smelling gas</p> <p>103 ○○○ Indigestion 1/2 - 1 hour after
eating; may be up to 3-4 hrs.</p> | <p>1 2 3
104 ○○○ Mucous colitis or "irritable
bowel"</p> <p>105 ○○○ Gas shortly after eating</p> <p>106 ○○○ Stomach "bloating" after
eating</p> |
|--|---|---|

GROUP SEVEN

- | | | |
|---|--|--|
| <p>(A)</p> <p>1 2 3
107 ○○○ Insomnia</p> <p>108 ○○○ Nervousness</p> <p>109 ○○○ Can't gain weight</p> <p>110 ○○○ Intolerance to heat</p> <p>111 ○○○ Highly emotional</p> <p>112 ○○○ Flush easily</p> <p>113 ○○○ Night sweats</p> <p>114 ○○○ Thin, moist skin</p> <p>115 ○○○ Inward trembling</p> <p>116 ○○○ Heart palpitates</p> <p>117 ○○○ Increased appetite without
weight gain</p> <p>118 ○○○ Pulse fast at rest</p> <p>119 ○○○ Eyelids and face twitch</p> <p>120 ○○○ Irritable and restless</p> <p>121 ○○○ Can't work under pressure</p> | <p>(C)</p> <p>1 2 3
137 ○○○ Failing memory</p> <p>138 ○○○ Low blood pressure</p> <p>139 ○○○ Increased sex drive</p> <p>140 ○○○ Headaches, "splitting or
rending" type</p> <p>141 ○○○ Decreased sugar tolerance</p> | <p>(E)</p> <p>1 2 3
150 ○○○ Dizziness</p> <p>151 ○○○ Headaches</p> <p>152 ○○○ Hot flashes</p> <p>153 ○○○ Increased blood pressure</p> <p>154 ○○○ Hair growth on face or body
(female)</p> <p>155 ○○○ Sugar in urine
(not diabetes)</p> <p>156 ○○○ Masculine tendencies
(female)</p> |
| <p>(B)</p> <p>1 2 3
122 ○○○ Increase in weight</p> <p>123 ○○○ Decrease in appetite</p> <p>124 ○○○ Fatigue easily</p> <p>125 ○○○ Ringing in ears</p> <p>126 ○○○ Sleepy during day</p> <p>127 ○○○ Sensitive to cold</p> <p>128 ○○○ Dry or scaly skin</p> <p>129 ○○○ Constipation</p> <p>130 ○○○ Mental sluggishness</p> <p>131 ○○○ Hair coarse, falls out</p> <p>132 ○○○ Headaches upon arising, wear
off during day</p> <p>133 ○○○ Slow pulse, below 65</p> <p>134 ○○○ Frequency of urination</p> <p>135 ○○○ Impaired hearing</p> <p>136 ○○○ Reduced initiative</p> | <p>(D)</p> <p>1 2 3
142 ○○○ Abnormal thirst</p> <p>143 ○○○ Bloating of abdomen</p> <p>144 ○○○ Weight gain around hips or
waist</p> <p>145 ○○○ Sex drive reduced or lacking</p> <p>146 ○○○ Tendency to ulcers, colitis</p> <p>147 ○○○ Increased sugar tolerance</p> <p>148 ○○○ Women: menstrual disorders</p> <p>149 ○○○ Young girls: lack of menstrual
function</p> | <p>(F)</p> <p>1 2 3
157 ○○○ Weakness, dizziness</p> <p>158 ○○○ Chronic fatigue</p> <p>159 ○○○ Low blood pressure</p> <p>160 ○○○ Nails weak, ridged</p> <p>161 ○○○ Tendency to hives</p> <p>162 ○○○ Arthritic tendencies</p> <p>163 ○○○ Perspiration increase</p> <p>164 ○○○ Bowel disorders</p> <p>165 ○○○ Poor circulation</p> <p>166 ○○○ Swollen ankles</p> <p>167 ○○○ Crave salt</p> <p>168 ○○○ Brown spots or bronzing of
skin</p> <p>169 ○○○ Allergies - tendency to
asthma</p> <p>170 ○○○ Weakness after colds,
influenza</p> <p>171 ○○○ Exhaustion - muscular and
nervous</p> <p>172 ○○○ Respiratory disorders</p> |

