

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

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|---|---|---|
| 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

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|---|---|--|
| 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

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|--|---|---|
| 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" | | |

SYMPTOM SURVEY FORM - PAGE 2

GROUP FIVE

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|----|-----------------------|-----------------------|--|
| 1 | 2 | 3 | |
| 73 | <input type="radio"/> | <input type="radio"/> | Dizziness |
| 74 | <input type="radio"/> | <input type="radio"/> | Dry skin |
| 75 | <input type="radio"/> | <input type="radio"/> | Burning feet |
| 76 | <input type="radio"/> | <input type="radio"/> | Blurred vision |
| 77 | <input type="radio"/> | <input type="radio"/> | Itching skin and feet |
| 78 | <input type="radio"/> | <input type="radio"/> | Excessive falling hair |
| 79 | <input type="radio"/> | <input type="radio"/> | Frequent skin rashes |
| 80 | <input type="radio"/> | <input type="radio"/> | Bitter, metallic taste in mouth
in mornings |
| 81 | <input type="radio"/> | <input type="radio"/> | Bowel movements painful or
difficult |
| 82 | <input type="radio"/> | <input type="radio"/> | Worrier, feels insecure |

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|----|-----------------------|-----------------------|---|
| 1 | 2 | 3 | |
| 83 | <input type="radio"/> | <input type="radio"/> | Feeling queasy; headache
over |
| 84 | <input type="radio"/> | <input type="radio"/> | Greasy foods upset |
| 85 | <input type="radio"/> | <input type="radio"/> | Stools light colored |
| 86 | <input type="radio"/> | <input type="radio"/> | Skin peels on foot soles |
| 87 | <input type="radio"/> | <input type="radio"/> | Pain between shoulder blades |
| 88 | <input type="radio"/> | <input type="radio"/> | Use laxatives |
| 89 | <input type="radio"/> | <input type="radio"/> | Stools alternate from soft to
watery |
| 90 | <input type="radio"/> | <input type="radio"/> | History of gallbladder attacks or
gallstones |

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|----|-----------------------|-----------------------|--|
| 1 | 2 | 3 | |
| 91 | <input type="radio"/> | <input type="radio"/> | Sneezing attacks |
| 92 | <input type="radio"/> | <input type="radio"/> | Dreaming, nightmare type bad
dreams |
| 93 | <input type="radio"/> | <input type="radio"/> | Bad breath (halitosis) |
| 94 | <input type="radio"/> | <input type="radio"/> | Milk products cause distress |
| 95 | <input type="radio"/> | <input type="radio"/> | Sensitive to hot weather |
| 96 | <input type="radio"/> | <input type="radio"/> | Burning or itching anus |
| 97 | <input type="radio"/> | <input type="radio"/> | Crave sweets |

GROUP SIX

- | | | | |
|-----|-----------------------|-----------------------|--|
| 1 | 2 | 3 | |
| 98 | <input type="radio"/> | <input type="radio"/> | Loss of taste for meat |
| 99 | <input type="radio"/> | <input type="radio"/> | Lower bowel gas several hours
after eating |
| 100 | <input type="radio"/> | <input type="radio"/> | Burning stomach sensations,
eating relieves |

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|-----|-----------------------|-----------------------|---|
| 1 | 2 | 3 | |
| 101 | <input type="radio"/> | <input type="radio"/> | Coated tongue |
| 102 | <input type="radio"/> | <input type="radio"/> | Pass large amounts of
foul-smelling gas |
| 103 | <input type="radio"/> | <input type="radio"/> | Indigestion 1/2 - 1 hour after
eating; may be up to 3-4 hrs. |

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|-----|-----------------------|-----------------------|--|
| 1 | 2 | 3 | |
| 104 | <input type="radio"/> | <input type="radio"/> | Mucous colitis or "irritable
bowel" |
| 105 | <input type="radio"/> | <input type="radio"/> | Gas shortly after eating |
| 106 | <input type="radio"/> | <input type="radio"/> | Stomach "bloating" after
eating |

GROUP SEVEN

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|------------|-----------------------|-----------------------|---|
| 1 | 2 | 3 | |
| (A) | | | |
| 107 | <input type="radio"/> | <input type="radio"/> | Insomnia |
| 108 | <input type="radio"/> | <input type="radio"/> | Nervousness |
| 109 | <input type="radio"/> | <input type="radio"/> | Can't gain weight |
| 110 | <input type="radio"/> | <input type="radio"/> | Intolerance to heat |
| 111 | <input type="radio"/> | <input type="radio"/> | Highly emotional |
| 112 | <input type="radio"/> | <input type="radio"/> | Flush easily |
| 113 | <input type="radio"/> | <input type="radio"/> | Night sweats |
| 114 | <input type="radio"/> | <input type="radio"/> | Thin, moist skin |
| 115 | <input type="radio"/> | <input type="radio"/> | Inward trembling |
| 116 | <input type="radio"/> | <input type="radio"/> | Heart palpitates |
| 117 | <input type="radio"/> | <input type="radio"/> | Increased appetite without
weight gain |
| 118 | <input type="radio"/> | <input type="radio"/> | Pulse fast at rest |
| 119 | <input type="radio"/> | <input type="radio"/> | Eyelids and face twitch |
| 120 | <input type="radio"/> | <input type="radio"/> | Irritable and restless |
| 121 | <input type="radio"/> | <input type="radio"/> | Can't work under pressure |

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|------------|-----------------------|-----------------------|--|
| 1 | 2 | 3 | |
| (B) | | | |
| 122 | <input type="radio"/> | <input type="radio"/> | Increase in weight |
| 123 | <input type="radio"/> | <input type="radio"/> | Decrease in appetite |
| 124 | <input type="radio"/> | <input type="radio"/> | Fatigue easily |
| 125 | <input type="radio"/> | <input type="radio"/> | Ringing in ears |
| 126 | <input type="radio"/> | <input type="radio"/> | Sleepy during day |
| 127 | <input type="radio"/> | <input type="radio"/> | Sensitive to cold |
| 128 | <input type="radio"/> | <input type="radio"/> | Dry or scaly skin |
| 129 | <input type="radio"/> | <input type="radio"/> | Constipation |
| 130 | <input type="radio"/> | <input type="radio"/> | Mental sluggishness |
| 131 | <input type="radio"/> | <input type="radio"/> | Hair coarse, falls out |
| 132 | <input type="radio"/> | <input type="radio"/> | Headaches upon arising, wear
off during day |
| 133 | <input type="radio"/> | <input type="radio"/> | Slow pulse, below 65 |
| 134 | <input type="radio"/> | <input type="radio"/> | Frequency of urination |
| 135 | <input type="radio"/> | <input type="radio"/> | Impaired hearing |
| 136 | <input type="radio"/> | <input type="radio"/> | Reduced initiative |

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|------------|-----------------------|-----------------------|---|
| 1 | 2 | 3 | |
| (C) | | | |
| 137 | <input type="radio"/> | <input type="radio"/> | Failing memory |
| 138 | <input type="radio"/> | <input type="radio"/> | Low blood pressure |
| 139 | <input type="radio"/> | <input type="radio"/> | Increased sex drive |
| 140 | <input type="radio"/> | <input type="radio"/> | Headaches, "splitting or
rending" type |
| 141 | <input type="radio"/> | <input type="radio"/> | Decreased sugar tolerance |

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|------------|-----------------------|-----------------------|--|
| 1 | 2 | 3 | |
| (D) | | | |
| 142 | <input type="radio"/> | <input type="radio"/> | Abnormal thirst |
| 143 | <input type="radio"/> | <input type="radio"/> | Bloating of abdomen |
| 144 | <input type="radio"/> | <input type="radio"/> | Weight gain around hips or
waist |
| 145 | <input type="radio"/> | <input type="radio"/> | Sex drive reduced or lacking |
| 146 | <input type="radio"/> | <input type="radio"/> | Tendency to ulcers, colitis |
| 147 | <input type="radio"/> | <input type="radio"/> | Increased sugar tolerance |
| 148 | <input type="radio"/> | <input type="radio"/> | Women: menstrual disorders |
| 149 | <input type="radio"/> | <input type="radio"/> | Young girls: lack of menstrual
function |

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|------------|-----------------------|-----------------------|---|
| 1 | 2 | 3 | |
| (E) | | | |
| 150 | <input type="radio"/> | <input type="radio"/> | Dizziness |
| 151 | <input type="radio"/> | <input type="radio"/> | Headaches |
| 152 | <input type="radio"/> | <input type="radio"/> | Hot flashes |
| 153 | <input type="radio"/> | <input type="radio"/> | Increased blood pressure |
| 154 | <input type="radio"/> | <input type="radio"/> | Hair growth on face or body
(female) |
| 155 | <input type="radio"/> | <input type="radio"/> | Sugar in urine
(not diabetes) |
| 156 | <input type="radio"/> | <input type="radio"/> | Masculine tendencies
(female) |

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|------------|-----------------------|-----------------------|--------------------------------------|
| 1 | 2 | 3 | |
| (F) | | | |
| 157 | <input type="radio"/> | <input type="radio"/> | Weakness, dizziness |
| 158 | <input type="radio"/> | <input type="radio"/> | Chronic fatigue |
| 159 | <input type="radio"/> | <input type="radio"/> | Low blood pressure |
| 160 | <input type="radio"/> | <input type="radio"/> | Nails weak, ridged |
| 161 | <input type="radio"/> | <input type="radio"/> | Tendency to hives |
| 162 | <input type="radio"/> | <input type="radio"/> | Arthritic tendencies |
| 163 | <input type="radio"/> | <input type="radio"/> | Perspiration increase |
| 164 | <input type="radio"/> | <input type="radio"/> | Bowel disorders |
| 165 | <input type="radio"/> | <input type="radio"/> | Poor circulation |
| 166 | <input type="radio"/> | <input type="radio"/> | Swollen ankles |
| 167 | <input type="radio"/> | <input type="radio"/> | Crave salt |
| 168 | <input type="radio"/> | <input type="radio"/> | Brown spots or bronzing of
skin |
| 169 | <input type="radio"/> | <input type="radio"/> | Allergies - tendency to
asthma |
| 170 | <input type="radio"/> | <input type="radio"/> | Weakness after colds,
influenza |
| 171 | <input type="radio"/> | <input type="radio"/> | Exhaustion - muscular and
nervous |
| 172 | <input type="radio"/> | <input type="radio"/> | Respiratory disorders |

