

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 (occurred once or twice last 6 months). ●○○

* Fill in the circle marked 2 for MODERATE symptoms (occurred once or twice last month). ○●○

* Fill in the circle marked 3 for SEVERE symptoms (chronic, occurred once or twice last week). ○○●

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

GROUP ONE

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

GROUP TWO

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

GROUP THREE

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

GROUP FOUR

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

SYMPTOM SURVEY FORM - PAGE 2

GROUP FIVE

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

GROUP SIX

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

GROUP SEVEN

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

SYMPTOM SURVEY FORM - PAGE 4

Please list any medications you are taking:

No Medications

Please list any vitamins, herbs, or supplements you are taking:

No Vitamins

Please list any allergies you have:

No Allergies

Please list any surgeries you have had in the past 12 months:

No Recent Surgeries

Please list any other surgeries or medical procedures you have had:

No Other Surgeries

TO BE COMPLETED BY DOCTOR

Blood Pressure: Recumbent _____ Standing _____

Pulse: Recumbent _____ Standing _____

Hema-Combistix Urine Readings: pH _____ Albumin % _____ Glucose % _____

Occult Blood _____ pH of Saliva _____ pH of Stool Specimen _____

Blood Clotting Time _____ Hemoglobin _____ Blood Type _____ Weight _____