

SYMPTOM SURVEY FORM

Patient _____ M / F Date _____

INSTRUCTIONS:

LEAVE THE QUESTION BLANK if the question does not apply to you.

CIRCLE (1) for MILD symptoms (occurring once or twice a year).

CIRCLE (2) for MODERATE symptoms (occurring several times a month).

CIRCLE (3) for SEVERE symptoms (you are aware of it almost constantly)

GROUP ONE

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

GROUP TWO

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| 21. 1 2 3 Joint stiffness after arising | 29. 1 2 3 Digestion rapid | 37. 1 2 3 "Slow starter" |
| 22. 1 2 3 Muscle-leg-toe cramps at night | 30. 1 2 3 Vomiting frequent | 38. 1 2 3 Get "chilled" infrequently |
| 23. 1 2 3 "Butterfly" stomach, cramps | 31. 1 2 3 Hoarseness frequent | 39. 1 2 3 Perspire easily |
| 24. 1 2 3 Eyes or nose watery | 32. 1 2 3 Breathing irregular | 40. 1 2 3 Circulation poor, sensitive to cold |
| 25. 1 2 3 Eyes blink often | 33. 1 2 3 Pulse slow; feels irregular | 41. 1 2 3 Subject to colds, asthma, bronchitis |
| 26. 1 2 3 Eyelids swollen, puffy | 34. 1 2 3 Gagging reflex slow | |
| 27. 1 2 3 Indigestion soon after meals | 35. 1 2 3 Difficulty swallowing | |
| 28. 1 2 3 Always seems hungry; feels "lightheaded" often | 36. 1 2 3 Constipation, diarrhea alternating | |

GROUP THREE

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| 42. 1 2 3 Eat when nervous | 49. 1 2 3 Heart palpitates if meals missed or delayed | 53. 1 2 3 Crave candy or coffee in afternoon |
| 43. 1 2 3 Excessive appetite | 50. 1 2 3 Afternoon headaches | 54. 1 2 3 Moods of depression – "blues" or melancholy |
| 44. 1 2 3 Hungry between meals | 51. 1 2 3 Overeating sweets upsets | 55. 1 2 3 Abnormal craving for sweets or snacks |
| 45. 1 2 3 Irritable before meals | 52. 1 2 3 Awaken after few hours sleep – hard to get back to sleep | |
| 46. 1 2 3 Get "shaky" if hungry | | |
| 47. 1 2 3 Fatigue, eating relieves | | |
| 48. 1 2 3 "Lightheaded" if meals delayed | | |

GROUP FOUR

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|---|--|---|
| 56. 1 2 3 Hands and feet go to sleep easily, numbness | 63. 1 2 3 Get "drowsy" often | 68. 1 2 3 Bruise easily, "black and blue" spots |
| 57. 1 2 3 Sigh frequently, "air" | 64. 1 2 3 Swollen ankles worse at night | 69. 1 2 3 Tendency towards anemia |
| 58. 1 2 3 Aware of "breathing heavily" | 65. 1 2 3 Muscle cramps, worse during exercise; get "charley horses" | 70. 1 2 3 "Nose bleeds" frequent |
| 59. 1 2 3 High altitude discomfort | 66. 1 2 3 Shortness of breath on exertion | 71. 1 2 3 Noises in head, or "ringing in the ears" |
| 60. 1 2 3 Opens windows in closed room | 67. 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion | 72. 1 2 3 Tension under breastbone or feeling of "tightness", worse on exertion |
| 61. 1 2 3 Susceptible to colds and fevers | | |
| 62. 1 2 3 Afternoon yawner | | |

GROUP FIVE

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

GROUP SIX

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

GROUP SEVEN

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

FEMALE ONLY

173. 1 2 3 Very easily fatigued
 174. 1 2 3 Premenstrual tension
 175. 1 2 3 Painful menses
 176. 1 2 3 Depressed feelings before menstruation
 177. 1 2 3 Menstruation excessive and prolonged
 178. 1 2 3 Painful breasts
 179. 1 2 3 Menstruate too frequently
 180. 1 2 3 Vaginal discharge
 181. 1 2 3 Hysterectomy/ovaries removed
 182. 1 2 3 Menopausal hot flashes
 183. 1 2 3 Menses scanty or missed
 184. 1 2 3 Acne, worse at menses
 185. 1 2 3 Depression of long standing

MALE ONLY

186. 1 2 3 Prostate trouble
 187. 1 2 3 Urination difficult or dribbling
 188. 1 2 3 Night urination frequent
 189. 1 2 3 Depression
 190. 1 2 3 Pain on inside of legs or heels
 191. 1 2 3 Feeling of incomplete bowel evacuation
 192. 1 2 3 Lack of energy
 193. 1 2 3 Migrating aches and pains
 194. 1 2 3 Tire too easily
 195. 1 2 3 Avoids activity
 196. 1 2 3 Leg nervousness at night
 197. 1 2 3 Diminished sex drive

IMPORTANT

Please list below the five main physical complaints you have in order of their importance:

1. _____
2. _____
3. _____
4. _____
5. _____