

## Symptom Survey Form

Patient _____	Age _____	Date: _____	
Birth Date _____	Wt _____	Sex: (F) (M)	
Pulse _____	B.P. _____	Vegetarian: (Yes) (No)	
Recumbent _____	Recumbent _____		
Standing _____	Standing _____		

INSTRUCTIONS: Fill in only the circles which apply to you. Check 1 = MILD symptoms (occur once or twice in the last 6 months). Check 2 = MODERATE symptoms (occured once or twice last month). Check 3 = SEVERE symptoms (chronic, occurred once or twice last week). Leave circles BLANK if they don't apply to you.

1 2 3			1 2 3			GROUP ONE			1 2 3		
1	0 0 0	Acid foods upset	8	0 0 0	Gag easily	15	0 0 0	Appetite reduced			
2	0 0 0	Get chilled, often	9	0 0 0	Unable to relax, startles easily	16	0 0 0	Cold sweats often			
3	0 0 0	"Lump" in throat	10	0 0 0	Extremities cold, clammy	17	0 0 0	Fever easily raised			
4	0 0 0	Dry mouth-eyes-nose	11	0 0 0	Strong light irritates	18	0 0 0	Neuralgia-like pains			
5	0 0 0	Pulse speeds after meal	12	0 0 0	Urine amount reduced	19	0 0 0	Staring, blinks little			
6	0 0 0	Keyed up - fail to calm	13	0 0 0	Heart pounds after retiring	20	0 0 0	Sour Stomach frequent			
7	0 0 0	Cuts heal slowly	14	0 0 0	"Nervous" stomach						
1 2 3			1 2 3			GROUP TWO			1 2 3		
21	0 0 0	Joint stiffness after rising	29	0 0 0	Digestion rapid	37	0 0 0	"Slow starter"			
22	0 0 0	Muscle-leg-toe cramps at night	30	0 0 0	Vomiting frequent	38	0 0 0	Get "chilled" infrequently			
23	0 0 0	"Butterfly" stomach, cramps	31	0 0 0	Hoarseness frequent	39	0 0 0	Perspire easily			
24	0 0 0	Eyes or nose watery	32	0 0 0	Breathing irregular	40	0 0 0	Circulation poor, sensitive to cold			
25	0 0 0	Eyes blink often	33	0 0 0	Pulse slow; feels "irregular"	41	0 0 0	Subject to colds, asthma, bronchitis			
26	0 0 0	Eyelids swollen, puffy	34	0 0 0	Gagging reflex slow						
27	0 0 0	Indigestion soon after meals	35	0 0 0	Difficulty swallowing						
28	0 0 0	Always seem hungry; feels "lightheaded" often	36	0 0 0	Constipation, diarrhea alternating						
1 2 3			1 2 3			GROUP THREE			1 2 3		
42	0 0 0	Eat when nervous	49	0 0 0	Heart palpitates if meals missed or delayed	53	0 0 0	Crave candy or coffee in afternoons			
43	0 0 0	Excessive appetite				54	0 0 0	Moods of depression-"blues" or melancholy			
44	0 0 0	Hungry between meals	50	0 0 0	Afternoon headaches	55	0 0 0	Abnormal craving for sweets or snacks			
45	0 0 0	Irritable before meals	51	0 0 0	Overeating sweets upsets						
46	0 0 0	Get "shaky" if hungry	52	0 0 0	Awaken after few hours sleep hard to get back to sleep						
47	0 0 0	Fatigue, eating relieves									
48	0 0 0	"Lightheaded" If meals delayed									
1 2 3			1 2 3			GROUP FOUR			1 2 3		
56	0 0 0	Hands and feet go to sleep easily, numbness	63	0 0 0	Get "drowsy" often	68	0 0 0	Bruise easily, "black and blue" spots			
57	0 0 0	Sigh frequently, "air hunger"	64	0 0 0	Swollen ankles worse at night	69	0 0 0	Tendency to anemia			
58	0 0 0	Aware of "breathing heavily"	65	0 0 0	Muscle cramps, worse during exercise; get "charley horses"	70	0 0 0	"Nose bleeds" frequent			
59	0 0 0	High altitude discomfort				71	0 0 0	Noises in head, or "ringing in ears"			
60	0 0 0	Opens windows in closed room	66	0 0 0	Shortness of breath on exertion	72	0 0 0	Tension under the breastbone, or feeling of "tightness", worse on exertion			
61	0 0 0	Susceptible to colds and fevers	67	0 0 0	Dull pain in chest or radiating into left arm, worse on exertion						
62	0 0 0	Afternoon "yawner"									
1 2 3			1 2 3			GROUP FIVE			1 2 3		
73	0 0 0	Dizziness	83	0 0 0	Feeling queasy; headache over eyes	91	0 0 0	Sneezing attacks			
74	0 0 0	Dry skin				92	0 0 0	Dreaming, nightmare type bad dreams			
75	0 0 0	Burning feet	84	0 0 0	Greasy foods upset	93	0 0 0	Bad breath (halitosis)			
76	0 0 0	Blurred vision	85	0 0 0	Stools light-colored	94	0 0 0	Mild products cause distress			
77	0 0 0	Itching skin and feet	86	0 0 0	Skin peels on foot soles	95	0 0 0	Sensitive to hot weather			
78	0 0 0	Excessive falling hair	87	0 0 0	Pain between shoulder blades	96	0 0 0	Burning or itching anus			
79	0 0 0	Frequent skin rashes	88	0 0 0	Use laxatives	97	0 0 0	Crave sweets			
80	0 0 0	Bitter, metallic taste in mouth in mornings	89	0 0 0	Stools alternate from soft to watery						
81	0 0 0	Bowel movements painful or difficult	90	0 0 0	History of gallbladder attacks or gallstones						
82	0 0 0	Worrier, feels insecure									

1 2 3			GROUP SIX			1 2 3			
98	0 0 0	Loss of taste for meat	101	0 0 0	Coated Tongue	104	0 0 0	mucous colitis or "irritable bowel"	
99	0 0 0	Lower bowel gas several hours after eating	102	0 0 0	Pass large amounts of foul-smelling gas	105	0 0 0	Gas shortly after eating	
100	0 0 0	Burning stomach sensations, eating relieves	103	0 0 0	Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hours	106	0 0 0	Stomach "bloating" after eating	
GROUP SEVEN									
1 2 3 (A)			1 2 3 (C)			1 2 3 (E)			
107	0 0 0	Insomnia	137	0 0 0	Failing memory	150	0 0 0	Dizziness	
108	0 0 0	Nervousness	138	0 0 0	Low blood pressure	151	0 0 0	Headaches	
109	0 0 0	Can't gain weight	139	0 0 0	Increased sex drive	152	0 0 0	Hot flashes	
110	0 0 0	Intolerance to heat	140	0 0 0	Headaches, "splitting or rendering" type	153	0 0 0	Increased blood pressure	
111	0 0 0	Highly emotional	141	0 0 0	Decreased sugar tolerance	154	0 0 0	Hair growth on face or body of female	
112	0 0 0	Flush easily				155	0 0 0	Sugar in urine (not diabetes)	
113	0 0 0	Night sweats				156	0 0 0	Masculine tendencies (female)	
114	0 0 0	Thin, moist skin	1 2 3 (D)						
115	0 0 0	Inward trembling	142	0 0 0	Abnormal thirst				
116	0 0 0	Heart palpitates	143	0 0 0	Bloating of abdomen	1 2 3 (F)			
117	0 0 0	Increased appetite without weight gain	144	0 0 0	Weight gain around hips or waist	157	0 0 0	Weakness, dizziness	
118	0 0 0	Pulse fast at rest	145	0 0 0	Sex drive reduced or lacking	158	0 0 0	Chronic fatigue	
119	0 0 0	Eyelids and face twitch	146	0 0 0	Tendency to ulcers, colitis	159	0 0 0	Low blood pressure	
120	0 0 0	Irritable and restless	147	0 0 0	Increased sugar tolerance	160	0 0 0	Nails weak, ridged	
121	0 0 0	Can't work under pressure	148	0 0 0	Women: menstrual disorders	161	0 0 0	Tendency to hives	
1 2 3 (B)			149	0 0 0	Young girls: lack of menstrual function	162	0 0 0	Arthritic tendencies	
122	0 0 0	Increase in weight				163	0 0 0	Perspiration increase	
123	0 0 0	Decrease in appetite				164	0 0 0	Bowel disorders	
124	0 0 0	Fatigue easily				165	0 0 0	Poor circulation	
125	0 0 0	ringing in ears				166	0 0 0	Swollen ankles	
126	0 0 0	Sleepy during day				167	0 0 0	Crave salt	
127	0 0 0	Sensitive to cold				168	0 0 0	Brown spots or bronzing of skin	
128	0 0 0	Dry or scaly skin				169	0 0 0	Allergies - tendency to asthma	
129	0 0 0	Constipation				170	0 0 0	Weakness after colds, influenza	
130	0 0 0	Mental sluggishness				171	0 0 0	Exhaustion - muscular and nervous	
131	0 0 0	Coarse hair, falls out				172	0 0 0	Respiratory disorders	
132	0 0 0	Headaches upon arising wear off during the day	GROUP EIGHT						
1 2 3			1 2 3			1 2 3			
173	0 0 0	Apprehension	183	0 0 0	Noise sensitivity	192	0 0 0	Headaches	
174	0 0 0	Irritability	184	0 0 0	Acoustic hallucinations	193	0 0 0	Insomnia	
175	0 0 0	Morbid tears	185	0 0 0	Tendency to cry without reason	194	0 0 0	Anxiety	
176	0 0 0	Needs to get well	186	0 0 0	Hair is coarse and/or thinning	195	0 0 0	Anorexia	
177	0 0 0	Forgetfulness	187	0 0 0	Weakness	196	0 0 0	Inability to concentrate; Confusion	
178	0 0 0	Indigestion	188	0 0 0	Fatigue	197	0 0 0	Frequent stuffy nose; sinus infections	
179	0 0 0	Poor appetite	189	0 0 0	Skin sensitive to touch	198	0 0 0	Allergy to some foods	
180	0 0 0	Craving for sweets	190	0 0 0	Tendency toward hives	199	0 0 0	Loose joints	
181	0 0 0	Muscular soreness	191	0 0 0	Nervousness				
182	0 0 0	Depression; feelings of dread	FEMALE ONLY						
1 2 3			1 2 3			1 2 3			
200	0 0 0	Very easily fatigued	204	0 0 0	Menstruation excessive and prolonged	208	0 0 0	Hysterectomy/ovaries removed	
201	0 0 0	Premenstrual tension	205	0 0 0	Painful breasts	209	0 0 0	Menopausal hot flashes	
202	0 0 0	Painful menses	206	0 0 0	Menstruate too frequently	210	0 0 0	Menses scanty or missed	
203	0 0 0	Depressed feelings before menstruation	207	0 0 0	Vaginal discharge	211	0 0 0	Acne, worse at menses	
212	0 0 0	Depression of long standing	MALE ONLY						
1 2 3			1 2 3			1 2 3			
213	0 0 0	Prostate trouble	218	0 0 0	Feeling of incomplete bowel evacuation	222	0 0 0	Avoids activity	
214	0 0 0	Urination difficult or dribbling	219	0 0 0	lack of energy	223	0 0 0	Leg nervousness at night	
215	0 0 0	Night urination frequent	220	0 0 0	Migrating aches and pains	224	0 0 0	Diminished sex drive	
216	0 0 0	Depression	221	0 0 0	Tire too easily				
217	0 0 0	Pain on inside of legs or heels							
<b>Five Major complaints</b>			1	_____					
			2	_____					
			3	_____					
			4	_____					
			5	_____					