

SYMPTOM SURVEY FORM



Patient _____ Doctor _____ Date _____
 Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male ** Female **
 Pulse: Recumbent _____ Standing _____ Vegetarian: Yes ** No **
 Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive **

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

- | 1 | 2 | 3 | GROUP 1 |
|---------|-----------------------|-----------------------|--|
| 1 | <input type="radio"/> | <input type="radio"/> | Acid foods upset |
| 2 | <input type="radio"/> | <input type="radio"/> | Get chilled often |
| 3 | <input type="radio"/> | <input type="radio"/> | "Lump" in throat |
| 4 | <input type="radio"/> | <input type="radio"/> | Dry mouth-eyes-nose |
| 5 | <input type="radio"/> | <input type="radio"/> | Pulse speeds after meal |
| 6 | <input type="radio"/> | <input type="radio"/> | Keyed up - fail to calm |
| 7 | <input type="radio"/> | <input type="radio"/> | Cut heals slowly |
| 8 | <input type="radio"/> | <input type="radio"/> | Gag easily |
| 9 | <input type="radio"/> | <input type="radio"/> | Unable to relax; startles easily |
| 10 | <input type="radio"/> | <input type="radio"/> | Extremities cold, clammy |
| 11 | <input type="radio"/> | <input type="radio"/> | Strong light irritates |
| 12 | <input type="radio"/> | <input type="radio"/> | Urine amount reduced |
| 13 | <input type="radio"/> | <input type="radio"/> | Heart pounds after retiring |
| 14 | <input type="radio"/> | <input type="radio"/> | "Nervous" stomach |
| 15 | <input type="radio"/> | <input type="radio"/> | Appetite reduced |
| 16 | <input type="radio"/> | <input type="radio"/> | Cold sweats often |
| 17 | <input type="radio"/> | <input type="radio"/> | Fever easily raised |
| 18 | <input type="radio"/> | <input type="radio"/> | Neuralgia-like pains |
| 19 | <input type="radio"/> | <input type="radio"/> | Staring, blinks little |
| 20 | <input type="radio"/> | <input type="radio"/> | Sour stomach often |
| GROUP 2 | | | |
| 21 | <input type="radio"/> | <input type="radio"/> | Joint stiffness on arising |
| 22 | <input type="radio"/> | <input type="radio"/> | Muscle-leg-toe cramps at night |
| 23 | <input type="radio"/> | <input type="radio"/> | "Butterfly" stomach, cramps |
| 24 | <input type="radio"/> | <input type="radio"/> | Eyes or nose watery |
| 25 | <input type="radio"/> | <input type="radio"/> | Eyes blink often |
| 26 | <input type="radio"/> | <input type="radio"/> | Eyelids swollen, puffy |
| 27 | <input type="radio"/> | <input type="radio"/> | Indigestion soon after meals |
| 28 | <input type="radio"/> | <input type="radio"/> | Always seems hungry; feels "lightheaded" often |
| 29 | <input type="radio"/> | <input type="radio"/> | Digestion rapid |
| 30 | <input type="radio"/> | <input type="radio"/> | Vomiting frequent |
| 31 | <input type="radio"/> | <input type="radio"/> | Hoarseness frequent |
| 32 | <input type="radio"/> | <input type="radio"/> | Breathing irregular |
| 33 | <input type="radio"/> | <input type="radio"/> | Pulse slow; feels "irregular" |
| 34 | <input type="radio"/> | <input type="radio"/> | Gagging reflex slow |
| 35 | <input type="radio"/> | <input type="radio"/> | Difficulty swallowing |
| 36 | <input type="radio"/> | <input type="radio"/> | Constipation, diarrhea alternating |
| 37 | <input type="radio"/> | <input type="radio"/> | "Slow starter" |
| 38 | <input type="radio"/> | <input type="radio"/> | Get "chilled" infrequently |
| 39 | <input type="radio"/> | <input type="radio"/> | Perspire easily |
| 40 | <input type="radio"/> | <input type="radio"/> | Circulation poor, sensitive to cold |
| 41 | <input type="radio"/> | <input type="radio"/> | Subject to colds, asthma, bronchitis |
| GROUP 3 | | | |
| 42 | <input type="radio"/> | <input type="radio"/> | Eat when nervous |
| 43 | <input type="radio"/> | <input type="radio"/> | Excessive appetite |
| 44 | <input type="radio"/> | <input type="radio"/> | Hungry between meals |
| 45 | <input type="radio"/> | <input type="radio"/> | Irritable before meals |
| 46 | <input type="radio"/> | <input type="radio"/> | Get "shaky" if hungry |
| 47 | <input type="radio"/> | <input type="radio"/> | Fatigue, eating relieves |
| 48 | <input type="radio"/> | <input type="radio"/> | "Lightheaded" if meals delayed |
| 49 | <input type="radio"/> | <input type="radio"/> | Heart palpitates if meals missed or delayed |
| 50 | <input type="radio"/> | <input type="radio"/> | Afternoon headaches |
| 51 | <input type="radio"/> | <input type="radio"/> | Overeating sweets upsets |

- | 1 | 2 | 3 | |
|---------|-----------------------|-----------------------|--|
| 52 | <input type="radio"/> | <input type="radio"/> | Awaken after few hours sleep - hard to get back to sleep |
| 53 | <input type="radio"/> | <input type="radio"/> | Crave candy or coffee in afternoons |
| 54 | <input type="radio"/> | <input type="radio"/> | Moods of depression - "blues" or melancholy |
| 55 | <input type="radio"/> | <input type="radio"/> | Abnormal craving for sweets or snacks |
| GROUP 4 | | | |
| 56 | <input type="radio"/> | <input type="radio"/> | Hands and feet go to sleep easily, numbness |
| 57 | <input type="radio"/> | <input type="radio"/> | Sigh frequently, "air hunger" |
| 58 | <input type="radio"/> | <input type="radio"/> | Aware of "breathing heavily" |
| 59 | <input type="radio"/> | <input type="radio"/> | High altitude discomfort |
| 60 | <input type="radio"/> | <input type="radio"/> | Opens windows in closed rooms |
| 61 | <input type="radio"/> | <input type="radio"/> | Susceptible to colds and fevers |
| 62 | <input type="radio"/> | <input type="radio"/> | Afternoon "yawner" |
| 63 | <input type="radio"/> | <input type="radio"/> | Get "drowsy" often |
| 64 | <input type="radio"/> | <input type="radio"/> | Swollen ankles, worse at night |
| 65 | <input type="radio"/> | <input type="radio"/> | Muscle cramps, worse during exercise; get "charley horses" |
| 66 | <input type="radio"/> | <input type="radio"/> | Shortness of breath on exertion |
| 67 | <input type="radio"/> | <input type="radio"/> | Dull pain in chest or radiating into left arm, worse on exertion |
| 68 | <input type="radio"/> | <input type="radio"/> | Bruise easily, "black and blue" spots |
| 69 | <input type="radio"/> | <input type="radio"/> | Tendency to anemia |
| 70 | <input type="radio"/> | <input type="radio"/> | "Nose bleeds" frequent |
| 71 | <input type="radio"/> | <input type="radio"/> | Noises in head, or "ringing in ears" |
| 72 | <input type="radio"/> | <input type="radio"/> | Tension under the breastbone, or feeling of "tightness", worse on exertion |
| GROUP 5 | | | |
| 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 |
| 83 | <input type="radio"/> | <input type="radio"/> | Feeling queasy; headache over eyes |
| 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 |
| 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 6 | | | |
| 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 |
| 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. |
| 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 |

- 1 2 3 GROUP 7A**
- 107 Insomnia
 - 108 Nervousness
 - 109 Can't gain weight
 - 110 Intolerance to heat
 - 111 Highly emotional
 - 112 Flush easily
 - 113 Night sweats
 - 114 Thin, moist skin
 - 115 Inward trembling
 - 116 Heart palpitates
 - 117 Increased appetite without weight gain
 - 118 Pulse fast at rest
 - 119 Eyelids and face twitch
 - 120 Irritable and restless
 - 121 Can't work under pressure

GROUP 7B

- 122 Increase in weight
- 123 Decrease in appetite
- 124 Fatigue easily
- 125 Ringing in ears
- 126 Sleepy during day
- 127 Sensitive to cold
- 128 Dry or scaly skin
- 129 Constipation
- 130 Mental sluggishness
- 131 Hair coarse, falls out
- 132 Headaches upon arising, wear off during day
- 133 Slow pulse, below 65
- 134 Frequency of urination
- 135 Impaired hearing
- 136 Reduced initiative

GROUP 7C

- 137 Failing memory
- 138 Low blood pressure
- 139 Increased sex drive
- 140 Headaches, "splitting or rending" type
- 141 Decreased sugar tolerance

GROUP 7D

- 142 Abnormal thirst
- 143 Bloating of abdomen
- 144 Weight gain around hips or waist
- 145 Sex drive reduced or lacking
- 146 Tendency to ulcers, colitis
- 147 Increased sugar tolerance
- 148 Women: menstrual disorders
- 149 Young girls: lack of menstrual function

GROUP 7E

- 150 Dizziness
- 151 Headaches
- 152 Hot flashes
- 153 Increased blood pressure
- 154 Hair growth on face or body (female)
- 155 Sugar in urine (not diabetes)
- 156 Masculine tendencies (female)

GROUP 7F

- 157 Weakness, dizziness
- 158 Chronic fatigue
- 159 Low blood pressure
- 160 Nails weak, ridged
- 161 Tendency to hives
- 162 Arthritic tendencies
- 163 Perspiration increase
- 164 Bowel disorders
- 165 Poor circulation
- 166 Swollen ankles
- 167 Crave salt
- 168 Brown spots or bronzing of skin
- 169 Allergies - tendency to asthma

- 1 2 3**
- 170 Weakness after colds, influenza
 - 171 Exhaustion - muscular and nervous
 - 172 Respiratory disorders

GROUP 8

- 173 Apprehension
- 174 Irritability
- 175 Morbid fears
- 176 Never seems to get well
- 177 Forgetfulness
- 178 Indigestion
- 179 Poor appetite
- 180 Craving for sweets
- 181 Muscular soreness
- 182 Depression; feelings of dread
- 183 Noise sensitivity
- 184 Acoustic hallucinations
- 185 Tendency to cry without reason
- 186 Hair is coarse and/or thinning
- 187 Weakness
- 188 Fatigue
- 189 Skin sensitive to touch
- 190 Tendency toward hives
- 191 Nervousness
- 192 Headache
- 193 Insomnia
- 194 Anxiety
- 195 Anorexia
- 196 Inability to concentrate; confusion
- 197 Frequent stuffy nose; sinus infections
- 198 Allergy to some foods
- 199 Loose joints

FEMALE ONLY

- 200 Very easily fatigued
- 201 Premenstrual tension
- 202 Painful menses
- 203 Depressed feelings before menstruation
- 204 Menstruation excessive and prolonged
- 205 Painful breasts
- 206 Menstruate too frequently
- 207 Vaginal discharge
- 208 Hysterectomy / ovaries removed
- 209 Menopausal hot flashes
- 210 Menses scanty or missed
- 211 Acne, worse at menses
- 212 Depression of long standing

MALE ONLY

- 213 Prostate trouble
- 214 Urination difficult or dribbling
- 215 Night urination frequent
- 216 Depression
- 217 Pain on inside of legs or heels
- 218 Feeling of incomplete bowel evacuation
- 219 Lack of energy
- 220 Migrating aches and pains
- 221 Tire too easily
- 222 Avoids activity
- 223 Leg nervousness at night
- 224 Diminished sex drive

List the five main complaints you have in the order of their importance:

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