

# 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 (occur once or twice a year).
- ● ○ MODERATE symptoms (occur several times a month).
- ○ ● SEVERE symptoms (you are aware of it almost constantly).
- ○ ○ Leave circles BLANK if they don't apply to you!

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

- 1 2 3
- 53 ○ ○ ○ Crave candy or coffee in afternoons
  - 54 ○ ○ ○ Moods of depression - "blues" or melancholy
  - 55 ○ ○ ○ Abnormal craving for sweets or snacks
- GROUP 4
- 56 ○ ○ ○ Hands and feet go to sleep easily, numbness
  - 57 ○ ○ ○ Sigh frequently, "air hunger"
  - 58 ○ ○ ○ Aware of "breathing heavily"
  - 59 ○ ○ ○ High altitude discomfort
  - 60 ○ ○ ○ Opens windows in closed rooms
  - 61 ○ ○ ○ Susceptible to colds and fevers
  - 62 ○ ○ ○ Afternoon "yawner"
  - 63 ○ ○ ○ Get "drowsy" often
  - 64 ○ ○ ○ Swollen ankles, worse at night
  - 65 ○ ○ ○ Muscle cramps, worse during exercise; get "charley horses"
  - 66 ○ ○ ○ Shortness of breath on exertion
  - 67 ○ ○ ○ Dull pain in chest or radiating into left arm, worse on exertion
  - 68 ○ ○ ○ Bruise easily, "black and blue" spots
  - 69 ○ ○ ○ Tendency to anemia
  - 70 ○ ○ ○ "Nose bleeds" frequent
  - 71 ○ ○ ○ Noises in head, or "ringing in ears"
  - 72 ○ ○ ○ Tension under the breastbone, or feeling of "tightness", worse on exertion
- GROUP 5
- 73 ○ ○ ○ Dizziness
  - 74 ○ ○ ○ Dry skin
  - 75 ○ ○ ○ Burning feet
  - 76 ○ ○ ○ Blurred vision
  - 77 ○ ○ ○ Itching skin and feet
  - 78 ○ ○ ○ Excessive falling hair
  - 79 ○ ○ ○ Frequent skin rashes
  - 80 ○ ○ ○ Bitter, metallic taste in mouth in mornings
  - 81 ○ ○ ○ Bowel movements painful or difficult
  - 82 ○ ○ ○ Worrier, feels insecure
  - 83 ○ ○ ○ Feeling queasy; headache over eyes
  - 84 ○ ○ ○ Greasy foods upset
  - 85 ○ ○ ○ Stools light colored
  - 86 ○ ○ ○ Skin peels on foot soles
  - 87 ○ ○ ○ Pain between shoulder blades
  - 88 ○ ○ ○ Use laxatives
  - 89 ○ ○ ○ Stools alternate from soft to watery
  - 90 ○ ○ ○ History of gallbladder attacks or gallstones
  - 91 ○ ○ ○ Sneezing attacks
  - 92 ○ ○ ○ Dreaming, nightmare type bad dreams
  - 93 ○ ○ ○ Bad breath (halitosis)
  - 94 ○ ○ ○ Milk products cause distress
  - 95 ○ ○ ○ Sensitive to hot weather
  - 96 ○ ○ ○ Burning or itching anus
  - 97 ○ ○ ○ Crave sweets
- GROUP 6
- 98 ○ ○ ○ Loss of taste for meat
  - 99 ○ ○ ○ Lower bowel gas several hours after eating
  - 100 ○ ○ ○ Burning stomach sensations, eating relieves
  - 101 ○ ○ ○ Coated tongue
  - 102 ○ ○ ○ Pass large amounts of foul-smelling gas
  - 103 ○ ○ ○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
  - 104 ○ ○ ○ Mucous colitis or "irritable bowel"
  - 105 ○ ○ ○ Gas shortly after eating
  - 106 ○ ○ ○ 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. \_\_\_\_\_