# SYMPTOM SURVEY FORM



Patient	e Doctor	Date						
Birth Date/ App	prox 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 1							
1 2 3 1 0 0 Acid foods upset 2 0 0 Get chilled often 3 0 0 "Lump" in throat 4 0 0 Dry mouth-eyes-nose 5 0 0 Pulse speeds after meal 6 0 0 Keyed up - fail to calm 7 0 0 Cut heals slowly	1 2 3 8 0 0 Gag easily 9 0 0 Unable to relax; startles easily 10 0 0 Extremities cold, clammy 11 0 0 Strong light irritates 12 0 0 Urine amount reduced 13 0 0 Heart pounds after retiring 14 0 0 "Nervous" stomach	1 2 3 15 OOO Appetite reduced 16 OOO Cold sweats often 17 OOO Fever easily raised 18 OOO Neuralgia-like pains 19 OOO Staring, blinks little 20 OOO Sour stomach often						
100	GROUP 2							
1 2 3 21 O O Joint stiffness on arising 22 O O Muscle-leg-toe cramps at night 23 O O "Butterfly" stomach, cramps 24 O O Eyes or nose watery 25 O O Eyes blink often 26 O O Eyelids swollen, puffy 27 O O Indigestion soon after meals 28 O O Always seems hungry; feels "lightheaded" often  1 2 3 42 O O Eat when nervous 43 O O Excessive appetite 44 O O Hungry between meals 45 O O Irritable before meals 46 O O Get "shaky" if hungry	29 OOO Digestion rapid 30 OOO Vomiting frequent 31 OOO Hoarseness frequent 32 OOO Breathing irregular 33 OOO Pulse slow; feels "irregular" 34 OOO Gagging reflex slow 35 OOO Difficulty swallowing 36 OOO Constipation, diarrhea alternating  GROUP 3  1 2 3 49 OOO Heart palpitates if meals missed or delayed 50 OOO Afternoon headaches 51 OOO Overeating sweets upsets 52 OOO Awaken after few hours sleep -	1 2 3 37 OOO "Slow starter" 38 OOO Get "chilled" infrequently 39 OOO Perspire easily 40 OOO Circulation poor, sensitive to cold 41 OOO Subject to colds, asthma, bronchitis  1 2 3 53 OOO Crave candy or coffee in afternoons 54 OOO Moods of depression - "blues" or melancholy 55 OOO Abnormal craving for sweets						
47 O O Fatigue, eating relieves 48 O O "Lightheaded" if meals delayed	hard to get back to sleep	or snacks						
GROUP 4								
1 2 3 56 OO Hands and feet go to sleep easily, numbness 57 OO Sigh frequently, "air hunger" 58 OO Aware of "breathing heavily" 59 OO High altitude discomfort 60 OO Opens windows in closed rooms 61 OO Susceptible to colds and fevers 62 OO Afternoon "yawner"	1 2 3 63 OOO Get "drowsy" often 64 OOO Swollen ankles, worse at night 65 OOO Muscle cramps, worse during exercise; get "charley horses" 66 OOO Shortness of breath on exertion 67 OOO Dull pain in chest or radiating into left arm, worse on exertion	1 2 3 68 OOO Bruise easily, "black and blue" spots 69 OOO Tendency to anemia 70 OOO "Nose bleeds" frequent 71 OOO Noises in head, or "ringing in ears" 72 OOO Tension under the breastbone, or feeling of "tightness", worse on exertion						

## **SYMPTOM SURVEY FORM - PAGE 2**

		GROUP 5	A residence
76 000 77 000 78 000 79 000 80 000		1 2,3 83 O Feeling queasy; headache over eyes 84 O Greasy foods upset 85 O Stools light colored 86 O Skin peels on foot soles 87 O Pain between shoulder blades 88 O Use laxatives 89 O Stools alternate from soft to watery 90 O History of gallbladder attacks or gallstones	1 2 3 91 OOO Sneezing attacks 92 OOO Dreaming, nightmare type bad dreams 93 OOO Bad breath (halitosis) 94 OOO Milk products cause distress 95 OOO Sensitive to hot weather 96 OOO Burning or itching anus 97 OOO Crave sweets
		GROUP 6	,
99 000	Loss of taste for meat Lower bowel gas several hours after eating Burning stomach sensations, eating relieves	1 2 3 101 O O Coated tongue 102 O O Pass large amounts of foul-smelling gas 103 O O Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.	1 2 3 104 O O Mucous colitis or "irritable bowel"  105 O O Gas shortly after eating 106 O O Stomach "bloating" after
		GROUP 7	
110 000 111 000 112 000 113 000 114 000 115 000 116 000 117 000	Insomnia Nervousness Can't gain weight Intolerance to heat Highly emotional Flush easily	1 2 3 137 OO Failing memory 138 OO Low blood pressure 139 OO Increased sex drive 140 OO Headaches, "splitting or rending" type 141 OO Decreased sugar tolerance	150 O Dizziness 151 O O Headaches 152 O O Hot flashes 153 O Increased blood pressure  154 O O Hair growth on face or body (female)  155 O O Sugar in urine (not diabetes)  156 O O Masculine tendencies (female)
118 OOO 119 OOO 120 OOO 121 OOO 121 OOO 123 OOO 124 OOO 125 OOO 126 OOO 127 OOO 128 OOO 129 OOO 130 OOO 131 OOO 132 OOO 133 OOO 134 OOO 135 OOO	Pulse fast at rest Eyelids and face twitch Irritable and restless Can't work under pressure  (B) Increase in weight Decrease in appetite Fatigue easily Ringing in ears Sleepy during day Sensitive to cold Dry or scaly skin	1 2 3 142 ○ ○ 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	1 2 3  (F)  157 OO Weakness, dizziness  158 OO Chronic fatigue  159 OO Low blood pressure  160 OO Nails weak, ridged  161 OO Tendency to hives  162 OO Arthritic tendencies  163 OO Perspiration increase  164 OO Bowel disorders  165 OO Poor circulation  166 OO Swollen ankles  167 OO Crave salt  168 OO Brown spots or bronzing of skin  169 OO Allergies - tendency to asthma  170 OO Weakness after colds, influenza  171 OO Exhaustion - muscular and nervous  172 OO Respiratory disorders

# **SYMPTOM SURVEY FORM: PAGE 3**

	GROU	IP 8		
1 2 3  173 OO Apprehension  174 OO Irritability  175 OO Morbid fears  176 OO Never seems to get well  177 OO Forgetfulness  178 OO Indigestion  179 OO Poor appetite  180 OO Craving for sweets  181 OO Muscular soreness  182 OO Depression; feelings of dread	1 2 3 183	sitivity nallucinations to cry without reason arse and/or thinning s itive to touch toward hives ess	1 2 3 193 OOO Insomnia 194 OOO Anxiety 195 OOO Anorexia 196 OOO Inability to concentrate; confusion 197 OOO Frequent stuffy nose; sinus infections 198 OOO Allergy to some foods 199 OOO Loose joints	
EMAI	E ONLY-		MALE ONLY	
1 2 3 200 O O Very easily fatigued 201 O O Premenstrual tension 202 O O Painful menses 203 O O Depressed feelings before menstruation 204 O O Menstruation excessive and prolonged 205 O O Painful breasts	206 O O Menstruat 207 O O Vaginal di 208 Hysterectoremoved 209 O O Menopaus 210 O O Menses so 211 O O Acne, wor 212 O O Depressio	e too frequently scharge omy / ovaries sal hot flashes canty or missed se at menses n of long standing	1 2 3 213 OOO Prostate trouble 214 OOO Urination difficult or dribbling 215 OOO Night urination frequent 216 OOO Depression 217 OOO Pain on inside of legs or heels 218 OOO Feeling of incomplete bowel evacuation 219 OOO Lack of energy 220 OOO Migrating aches and pains 221 OOO Tire too easily 222 OOO Avoids activity 223 OOO Leg nervousness at night 224 OOO Diminished sex drive	
5	<i>⊶</i>		¥*	
			L	
BARNES THYROID TO This test was developed by Dr. Broda Barnes, M.D. the underarm temperature to determine hypo and hy is conducted by the patient in the a.m. before leaving being taken for 10 minutes. The test is invalidated if energy prior to taking the test - getting up for any rest thermometer, etc. It is important that the test be cor	and is a measurement of yperthyroid states. The test g bed - with the temperature f the patient expends any ason, shaking down the	You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.		
minutes, making the prior positioning of both the the important.		Date	Temperature	
PRE-MENSES FEMALES AND MENO		Date	to a serious European appropriate to respect that the respect to t	
Any two days during the FEMALES HAVING MENSTRU		Date	r service and a	
The 2nd and 3rd day of flow OR any		Date	Temperature Temperature	

MALES
Any 2 days during the month

Temperature \_

Temperature \_

# **SYMPTOM SURVEY FORM - PAGE 4**

Please list any medications you are taking:	A N		☐ No Medications
** **			
8			
Please list any vitamins, herbs, or supplements you are	taking:		☐ No Vitamins
		9 g	
		·	4
Please list any allergies you have:			☐ No Allergies
Please list any surgeries you have had in the past 12 mo	onths:		☐ No Recent Surgeries
<sub>F</sub>		<b>-</b>	
	-		
Please list any other surgeries or medical procedures yo	ou have had:		☐ No Other Surgeries
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TO BE (	COMPLETED BY DO	CTOR	
Blood Pressure: Recumbent	Standing		
Pulse: Recumbent	Standing		
Hema-Combistix Urine Readings: pH			V.
<b>5</b> (x) 32			
Occult Blood pH of Saliva	pH of Sto	ol Specimen	
Blood Clotting Time ————— Hemoglobin –	Bloo	d Type	Weight

## **SYMPTOM SURVEY FORM - PAGE 5**

Use the letters listed below to indicate the type and location of your pain and sensations:

#### KEY

A = ACHE

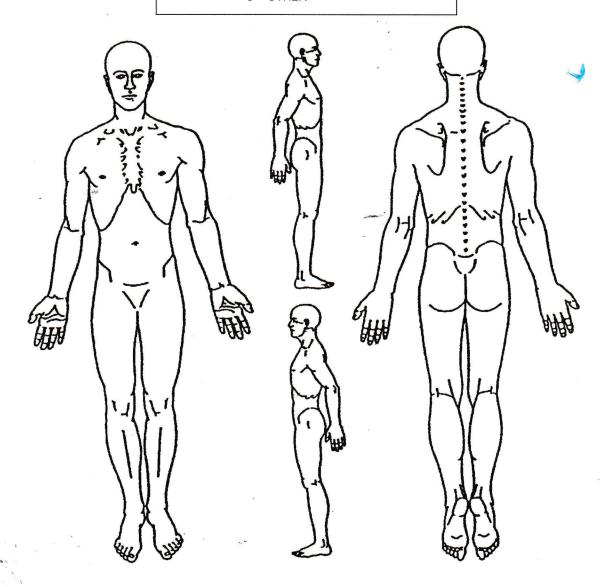
B = BURNING

S = STABBING

N = NUMBNESS

P = PINS & NEEDLES

O = OTHER



#### PLEASE INDICATE THE LEVEL OF PAIN YOU ARE EXPERIENCING

NO PAIN										SEVERE	PAIN
0	1	2	3	4	5	6	7	8	9	10	

Patient	Signature	Date	