

# SYMPTOM SURVEY FORM



Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Approx 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

<p>1 2 3 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</p>	<p>1 2 3 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</p>	<p>1 2 3 15 ○○○○ Appetite reduced 16 ○○○○ Cold sweats often 17 ○○○○ Fever easily raised 18 ○○○○ Neuralgia-like pains 19 ○○○○ Staring, blinks little 20 ○○○○ Sour stomach often</p>
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### GROUP 2

<p>1 2 3 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</p>	<p>1 2 3 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</p>	<p>1 2 3 37 ○○○○ "Slow starter" 38 ○○○○ Get "chilled" infrequently 39 ○○○○ Perspire easily 40 ○○○○ Circulation poor, sensitive to cold 41 ○○○○ Subject to colds, asthma, bronchitis</p>
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### GROUP 3

<p>1 2 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</p>	<p>1 2 3 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</p>	<p>1 2 3 53 ○○○○ Crave candy or coffee in afternoons 54 ○○○○ Moods of depression - "blues" or melancholy 55 ○○○○ Abnormal craving for sweets or snacks</p>
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### GROUP 4

<p>1 2 3 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"</p>	<p>1 2 3 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</p>	<p>1 2 3 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</p>
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## SYMPTOM SURVEY FORM - PAGE 2

### GROUP 5

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

### GROUP 6

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|--|---|---|
| <p>1 2 3<br/>98 ○○○ Loss of taste for meat</p> <p>99 ○○○ Lower bowel gas several hours after eating</p> <p>100 ○○○ Burning stomach sensations, eating relieves</p> | <p>1 2 3<br/>101 ○○○ Coated tongue</p> <p>102 ○○○ Pass large amounts of foul-smelling gas</p> <p>103 ○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.</p> | <p>1 2 3<br/>104 ○○○ Mucous colitis or "irritable bowel"</p> <p>105 ○○○ Gas shortly after eating</p> <p>106 ○○○ Stomach "bloating" after eating</p> |
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### GROUP 7

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



**SYMPTOM SURVEY FORM - PAGE 4**

**Please list any medications you are taking:**

No Medications

**Please list any vitamins, herbs, or supplements you are taking:**

No Vitamins

**Please list any allergies you have:**

No Allergies

**Please list any surgeries you have had in the past 12 months:**

No Recent Surgeries

**Please list any other surgeries or medical procedures you have had:**

No Other Surgeries

**TO BE COMPLETED BY DOCTOR**

Blood Pressure: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_

Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_

Hema-Combistix Urine Readings: pH \_\_\_\_\_ Albumin % \_\_\_\_\_ Glucose % \_\_\_\_\_

Occult Blood: \_\_\_\_\_ pH of Saliva \_\_\_\_\_ pH of Stool Specimen \_\_\_\_\_

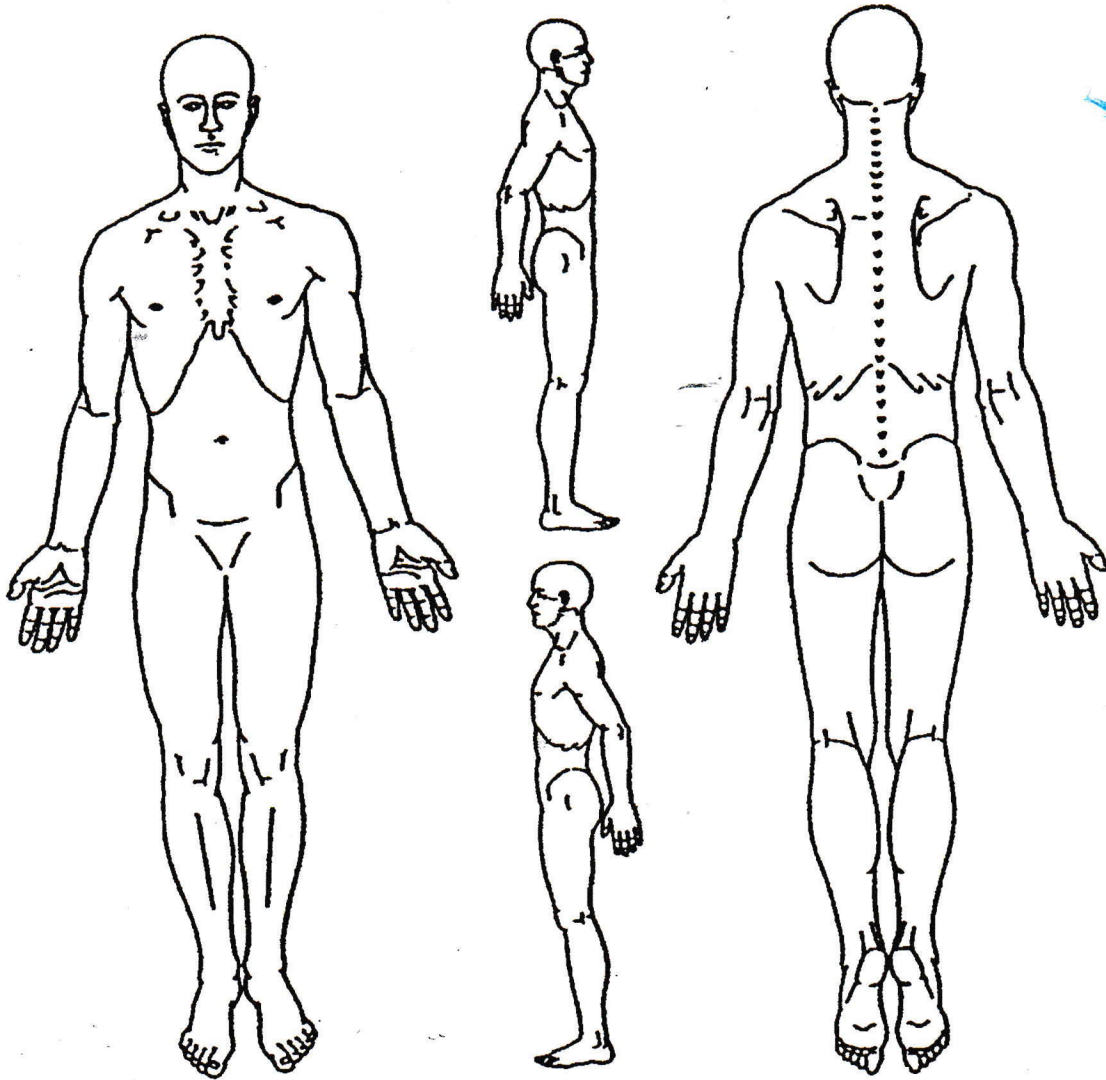
Blood Clotting Time \_\_\_\_\_ Hemoglobin \_\_\_\_\_ Blood Type \_\_\_\_\_ Weight \_\_\_\_\_

# 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 \_\_\_\_\_