

# 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<br/>1 ○○○○ Acid foods upset<br/>2 ○○○○ Get chilled often<br/>3 ○○○○ "Lump" in throat<br/>4 ○○○○ Dry mouth-eyes-nose<br/>5 ○○○○ Pulse speeds after meal<br/>6 ○○○○ Keyed up - fail to calm<br/>7 ○○○○ Cut heals slowly</p> | <p>1 2 3<br/>8 ○○○○ Gag easily<br/>9 ○○○○ Unable to relax; startles easily<br/>10 ○○○○ Extremities cold, clammy<br/>11 ○○○○ Strong light irritates<br/>12 ○○○○ Urine amount reduced<br/>13 ○○○○ Heart pounds after retiring<br/>14 ○○○○ "Nervous" stomach</p> | <p>1 2 3<br/>15 ○○○○ Appetite reduced<br/>16 ○○○○ Cold sweats often<br/>17 ○○○○ Fever easily raised<br/>18 ○○○○ Neuralgia-like pains<br/>19 ○○○○ Staring, blinks little<br/>20 ○○○○ Sour stomach often</p> |
|--|---|--|

### GROUP 2

- |  |   |   |
|--|---|---|
| <p>1 2 3<br/>21 ○○○○ Joint stiffness on arising<br/>22 ○○○○ Muscle-leg-toe cramps at night<br/>23 ○○○○ "Butterfly" stomach, cramps<br/>24 ○○○○ Eyes or nose watery<br/>25 ○○○○ Eyes blink often<br/>26 ○○○○ Eyelids swollen, puffy<br/>27 ○○○○ Indigestion soon after meals<br/>28 ○○○○ Always seems hungry; feels "lightheaded" often</p> | <p>1 2 3<br/>29 ○○○○ Digestion rapid<br/>30 ○○○○ Vomiting frequent<br/>31 ○○○○ Hoarseness frequent<br/>32 ○○○○ Breathing irregular<br/>33 ○○○○ Pulse slow; feels "irregular"<br/>34 ○○○○ Gagging reflex slow<br/>35 ○○○○ Difficulty swallowing<br/>36 ○○○○ Constipation, diarrhea alternating</p> | <p>1 2 3<br/>37 ○○○○ "Slow starter"<br/>38 ○○○○ Get "chilled" infrequently<br/>39 ○○○○ Perspire easily<br/>40 ○○○○ Circulation poor, sensitive to cold<br/>41 ○○○○ Subject to colds, asthma, bronchitis</p> |
|--|---|---|

### GROUP 3

- |  |  |  |
|--|--|--|
| <p>1 2 3<br/>42 ○○○○ Eat when nervous<br/>43 ○○○○ Excessive appetite<br/>44 ○○○○ Hungry between meals<br/>45 ○○○○ Irritable before meals<br/>46 ○○○○ Get "shaky" if hungry<br/>47 ○○○○ Fatigue, eating relieves<br/>48 ○○○○ "Lightheaded" if meals delayed</p> | <p>1 2 3<br/>49 ○○○○ Heart palpitates if meals missed or delayed<br/>50 ○○○○ Afternoon headaches<br/>51 ○○○○ Overeating sweets upsets<br/>52 ○○○○ Awaken after few hours sleep - hard to get back to sleep</p> | <p>1 2 3<br/>53 ○○○○ Crave candy or coffee in afternoons<br/>54 ○○○○ Moods of depression - "blues" or melancholy<br/>55 ○○○○ Abnormal craving for sweets or snacks</p> |
|--|--|--|

### GROUP 4

- |   |  |  |
|---|--|--|
| <p>1 2 3<br/>56 ○○○○ Hands and feet go to sleep easily, numbness<br/>57 ○○○○ Sigh frequently, "air hunger"<br/>58 ○○○○ Aware of "breathing heavily"<br/>59 ○○○○ High altitude discomfort<br/>60 ○○○○ Opens windows in closed rooms<br/>61 ○○○○ Susceptible to colds and fevers<br/>62 ○○○○ Afternoon "yawner"</p> | <p>1 2 3<br/>63 ○○○○ Get "drowsy" often<br/>64 ○○○○ Swollen ankles, worse at night<br/>65 ○○○○ Muscle cramps, worse during exercise; get "charley horses"<br/>66 ○○○○ Shortness of breath on exertion<br/>67 ○○○○ Dull pain in chest or radiating into left arm, worse on exertion</p> | <p>1 2 3<br/>68 ○○○○ Bruise easily, "black and blue" spots<br/>69 ○○○○ Tendency to anemia<br/>70 ○○○○ "Nose bleeds" frequent<br/>71 ○○○○ Noises in head, or "ringing in ears"<br/>72 ○○○○ Tension under the breastbone, or feeling of "tightness", worse on exertion</p> |
|---|--|--|

**SYMPTOM SURVEY FORM - PAGE 2**

**GROUP 5**

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

**GROUP 6**

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

**GROUP 7**

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



**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 \_\_\_\_\_

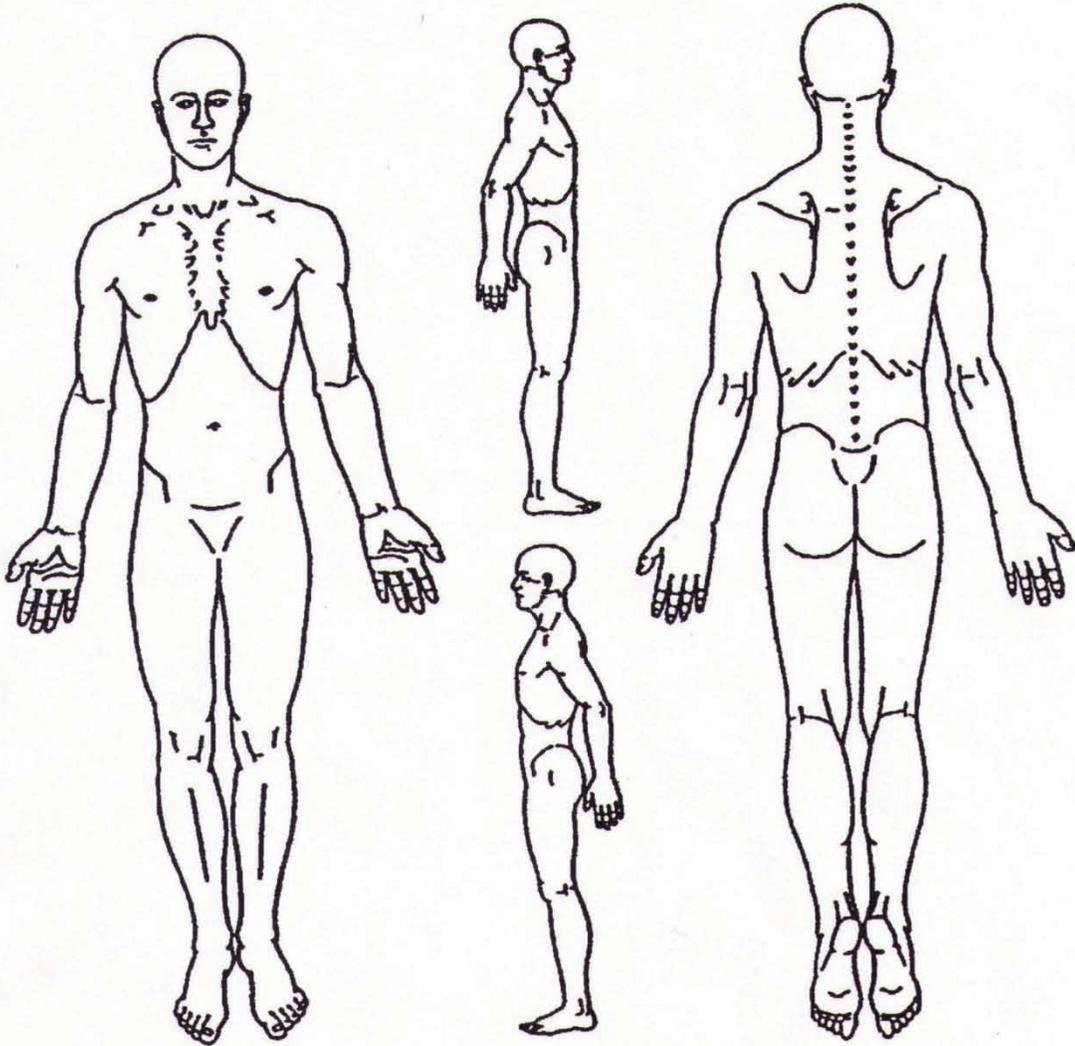
Blood Clotting Time \_\_\_\_\_ Hemoglobin \_\_\_\_\_ Blood Type \_\_\_\_\_ Weight \_\_\_\_\_

# 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 \_\_\_\_\_