

SYMPTOM SURVEY FORM

PATIENT: _____ DOCTOR: _____ DATE: _____

INSTRUCTIONS: Number the boxes which apply to you with a 1, 2, or 3.
 (1) for MILD symptoms (occur once or twice a year)
 (2) for MODERATE symptoms (occur several times a year)
 (3) for SEVERE symptoms (you are aware of it almost constantly)
 Leave the box BLANK if it does not apply to you!

GROUP 1

1 Acid foods upset
 2 Get chilled, often
 3 "Lump" in throat
 4 Dry mouth-eyes-nose
 5 Pulse speeds after meals
 6 Keyed up -- fail to clam
 7 Cuts heal 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 frequent

GROUP 2

21 Joint stiffness after 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
 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 to sleep easily, numbness
 57 Sigh frequently, "air hunger"
 58 Aware of "breathing heavily"
 59 High altitude discomfort
 60 Opens windows in closed room
 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/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 "lightness", 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 food 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 ½ - 1 hour after eating; may be up to 3 - 4 hrs.
 104 Mucus colitis or "irritable bowel"
 105 Gas shortly after eating
 106 Stomach "bloating" after eating

GROUP 7**(A)**

- 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

(B)

- 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 the day
 133 Slow pulse, below 65
 134 Frequency of urination
 135 Impaired hearing
 136 Reduced initiative

GROUP 7 (continued)**(C)**

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

(D)

- 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

(E)

- 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)

(F)

- 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
 170 Weakness after colds, influenza
 171 Exhaustion - muscular and nervous
 172 Respiratory disorders

FEMALE ONLY

- 173 Very easily fatigues
 174 Premenstrual tension
 175 Painful menses
 176 Depressed feelings before menstruation
 177 Menstruation excessive and prolonged
 178 Painful breasts
 179 Menstruate too frequently
 180 Vaginal discharge
 181 Hysterectomy/ovaries removed
 182 Menopausal hot flashes
 183 Menses scanty or missed
 184 Acne, worse at menses
 185 Depression of long standing

MALE ONLY

- 186 Prostate trouble
 187 Urination difficult or dribbling
 188 Night urination frequent
 189 Depression
 190 Pain on inside of legs or heels
 191 Feeling of incomplete bowel evacuation
 192 Lack of energy
 193 Migrating aches and pains
 194 Tire too easily
 195 Avoids activity
 196 Leg nervousness at night
 197 Diminished sex drive

IMPORTANT

TO THE PATIENT: Please list below the five main health complaints you have in order of their importance:

1. _____

 2. _____

 3. _____

 4. _____

 5. _____
