

SYMPTOM SURVEY FORM

NAME: _____ DOCTOR: _____

AGE: _____ SEX: M ___ F ___ PHONE: (_____) _____ DATE: _____

INSTRUCTIONS: Please number the lines with a 1, 2, or 3, next to the symptoms that apply to you.
(1) for **MILD** symptoms
(2) for **MODERATE** symptoms
(3) for **SEVERE** symptoms
Leave the line **BLANK** if it does not apply to you.

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

1 _____
2 _____
3 _____
4 _____
5 _____

FEMALES ONLY

- 1 ___ Very easily fatigued
- 2 ___ Premenstrual tension
- 3 ___ Painful menses
- 4 ___ Depressed feeling before menstruation
- 5 ___ Menstruation excessive and prolonged
- 6 ___ Painful breasts
- 7 ___ Menstruate too frequently
- 8 ___ Vaginal discharge
- 9 ___ Hysterectomy/ovaries removed
- 10 ___ Menopausal hot flashes
- 11 ___ Menses scanty or missed
- 12 ___ Acne, worse at menses
- 13 ___ Depression of long standing

MALES ONLY

- 14 ___ Prostate trouble
- 15 ___ Urination difficult or dribbling
- 16 ___ Night urination frequent
- 17 ___ Depression
- 18 ___ Pain on inside of legs or heels

- 19 ___ Feeling of incomplete bowel evacuation
- 20 ___ Lack of energy
- 21 ___ Migrating aches and pains
- 22 ___ Tire too easily
- 23 ___ Avoid activity
- 24 ___ Leg nervousness
- 25 ___ Diminished sex drive

GROUP 1

- 26 ___ Acid foods upset
- 27 ___ Get chilled, often
- 28 ___ "Lump" in throat
- 29 ___ Dry mouth-eyes-nose
- 30 ___ Pulse speeds after meals
- 31 ___ Keyed up - fail to calm
- 32 ___ Cuts heal slowly
- 33 ___ Gag easily
- 34 ___ Unable to relax; startles easily
- 35 ___ Extremities cold, clammy
- 36 ___ Strong light irritates
- 37 ___ Urine amount reduced
- 38 ___ Heart pounds after retiring
- 39 ___ "Nervous" stomach
- 40 ___ Appetite reduced
- 41 ___ Cold sweats often
- 42 ___ Fever easily raised
- 43 ___ Neuralgia-like pains
- 44 ___ Staring, blinks little
- 45 ___ Sour stomach frequently

GROUP 2

- 46 ___ Joint stiffness after arising
- 47 ___ Muscle-leg-toe cramps at night
- 48 ___ "Butterfly" stomach, cramps
- 49 ___ Eyes or nose watery
- 50 ___ Eyes blink often

- 51 ___ Eyelids swollen, puffy
- 52 ___ Indigestion soon after meals

- 53 ___ Always seems hungry; feel "light-headed" often
- 54 ___ Digestion rapid
- 55 ___ Vomiting frequent
- 56 ___ Hoarseness frequent
- 57 ___ Breathing irregular
- 58 ___ Pulse slow; feels "irregular"
- 59 ___ Gagging reflex slow
- 60 ___ Difficulty swallowing
- 61 ___ Constipation, diarrhea alternating
- 62 ___ "Slow starter"
- 63 ___ Gets "chilled" frequently
- 64 ___ Perspire easily
- 65 ___ Circulation poor, sensitive to cold
- 66 ___ Subject to colds, asthma, or bronchitis

GROUP 3

- 67 ___ Eat when nervous
- 68 ___ Excessive appetite
- 69 ___ Hungry between meals
- 70 ___ Irritable before meals
- 71 ___ Get "shaky" if hungry
- 72 ___ Fatigue, eating relieves
- 73 ___ "Lightheaded" if meals delayed
- 74 ___ Heart palpitates if meals missed or delayed
- 75 ___ Afternoon headaches
- 76 ___ Overeating sweets upsets
- 77 ___ Awaken after few hours sleep-hard to get back to sleep
- 78 ___ Crave candy or coffee in afternoons
- 79 ___ Moods of depression - "Blues" or melancholy
- 80 ___ Abnormal craving for sweets or snacks

GROUP 4

- 81 ___ Hands and feet go to sleep easily, numbness
- 82 ___ Sigh frequently, "air hunger"
- 83 ___ Aware of breathing heavily

- 84 ___ High altitude discomfort
- 85 ___ Opens windows in closed room
- 86 ___ Susceptible to colds and fevers
- 87 ___ Afternoon "yawner"
- 88 ___ Get "drowsy" often
- 89 ___ Swollen ankles worse at night
- 90 ___ Muscle cramps, worse during exercise; get "Charley horses"
- 91 ___ Shortness of breath on exertion
- 92 ___ Dull pain in chest or radiating into left arm, worse on exertion
- 93 ___ Bruise easily "black/blue" spots
- 94 ___ Tendency to anemia
- 95 ___ "Nose bleeds" frequent
- 96 ___ Noises in head or "ringing in ears"
- 97 ___ Tension under the breastbone, or feeling of "tightness", worse on exertion.

GROUP 5

- 98 ___ Dizziness
- 99 ___ Dry Skin
- 100 ___ Burning feet
- 101 ___ Blurred vision
- 102 ___ Itching skin and feet
- 103 ___ Excessive falling hair
- 104 ___ Frequent skin rashes
- 105 ___ Bitter, metallic taste in mouth in mornings
- 106 ___ Bowel movement painful or difficult
- 107 ___ Worries, feels insecure
- 108 ___ Queasy feeling; headache over eyes
- 109 ___ Greasy foods upset
- 110 ___ Stools light-colored
- 111 ___ Skin peels on foot soles
- 112 ___ Pain between shoulder blades
- 113 ___ Use laxatives
- 114 ___ Stools alternate from soft to watery
- 115 ___ History of gallbladder attacks, or gallstones
- 116 ___ Sneezing attacks
- 117 ___ Nightmares, bad dreams
- 118 ___ Bad breath
- 119 ___ Milk products cause distress
- 120 ___ Sensitive to hot weather
- 121 ___ Burning or itching anus
- 122 ___ Crave sweets

GROUP 6

- 123 ___ Loss of taste for meat
- 124 ___ Lower bowel gas several hours after eating
- 125 ___ Burning stomach sensations, eating relieves
- 126 ___ Coated Tongue
- 127 ___ Pass large amounts of foul-smelling gas

- 128 ___ Indigestion ½ hour - 4 hours after eating
- 129 ___ Mucus, Colitis, or "Irritable Bowel"
- 130 ___ Gas shortly after eating
- 131 ___ Stomach "bloating" after eating

GROUP 7

(A)

- 132 ___ Insomnia
- 133 ___ Nervousness
- 134 ___ Can't gain weight
- 135 ___ Intolerance to heat
- 136 ___ Highly emotional
- 137 ___ Flush easily
- 138 ___ Night sweats
- 139 ___ Thin, moist skin
- 140 ___ Inward trembling
- 141 ___ Heart palpitates
- 142 ___ Increased appetite without weight gain
- 143 ___ Pulse fast at rest
- 144 ___ Eyelids and face twitch
- 145 ___ Irritable and restless
- 146 ___ Can work under pressure

(B)

- 147 ___ Increase in weight
- 148 ___ Decrease in appetite
- 149 ___ Fatigue easily
- 150 ___ Ringing in ears
- 151 ___ Sleepy during day
- 152 ___ Sensitive to cold
- 153 ___ Dry or scaly skin
- 154 ___ Constipation
- 155 ___ Mental sluggishness
- 156 ___ Hair coarse, falls out
- 157 ___ Headaches upon arising wear off during day
- 158 ___ Slow pulse, below 65
- 159 ___ Frequency of urination
- 160 ___ Impaired hearing
- 161 ___ Reduced initiative

(C)

- 162 ___ Failing memory
- 163 ___ Low blood pressure
- 164 ___ Increased sex drive
- 165 ___ Headaches, "splitting" or "rending" type
- 166 ___ Decreased sugar tolerance

(D)

- 167 ___ Abnormal thirst
- 168 ___ Bloating of abdomen
- 169 ___ Weight gain around hips or waist
- 170 ___ Sex drive reduced or lacking
- 171 ___ Tendency to ulcers, colitis

- 172 ___ Increased sugar tolerance
- 173 ___ Women: menstrual disorders
- 174 ___ Young girls: lack of menstrual function

(E)

- 175 ___ Dizziness
- 176 ___ Headaches
- 177 ___ Hot flashes
- 178 ___ Increased blood pressure
- 179 ___ Hair growth on face or body (female)
- 180 ___ Sugar in urine (not diabetes)
- 181 ___ Masculine tendencies (female)

(F)

- 182 ___ Weakness, dizziness
- 183 ___ Chronic fatigue
- 184 ___ Low blood pressure
- 185 ___ Nails weak, ridged
- 186 ___ Tendency to hives
- 187 ___ Arthritic tendencies
- 188 ___ Perspiration increase
- 189 ___ Bowel disorders
- 190 ___ Poor circulation
- 191 ___ Swollen ankles
- 192 ___ Crave salt
- 193 ___ Brown Spots or bronzing of skin
- 194 ___ Allergies, tendency to asthma
- 195 ___ Weakness after colds, influenza
- 196 ___ Exhaustion – muscular or nervous
- 197 ___ Respiratory disorders