

SYMPTOM SURVEY FORM



Patient _____ Doctor _____ Date _____
 Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male ☐ Female ☐
 Pulse: Recumbent _____ Standing _____ Vegetarian: Yes ☐ No ☐
 Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive ☐

INSTRUCTIONS: Fill in only the circles which apply to you.

- ☐ ☐ ☐ MILD symptoms (occurred once or twice last 6 months).
☐ ☐ ☐ MODERATE symptoms (occurred once or twice last month).
☐ ☐ ☐ SEVERE symptoms (chronic, occurred once or twice last week).
☐ ☐ ☐ Leave circles BLANK if they don't apply to you!

1 2 3 GROUP 1

- 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
- 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 often

GROUP 2

- 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
- 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

1 2 3

- 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 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"
- 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 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

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 foods 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 1/2 - 1 hour after eating; may be up to 3-4 hrs.
- 104 ☐ ☐ ☐ Mucous colitis or "irritable bowel"
- 105 ☐ ☐ ☐ Gas shortly after eating
- 106 ☐ ☐ ☐ Stomach "bloating" after eating

1 2 3 GROUP 7A

- 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

GROUP 7B

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

GROUP 7C

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

GROUP 7D

- 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

GROUP 7E

- 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)

GROUP 7F

- 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

1 2 3

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

GROUP 8

- 173 ☐ ☐ ☐ Apprehension
 174 ☐ ☐ ☐ Irritability
 175 ☐ ☐ ☐ Morbid fears
 176 ☐ ☐ ☐ Never seems to get well
 177 ☐ ☐ ☐ Forgetfulness
 178 ☐ ☐ ☐ Indigestion
 179 ☐ ☐ ☐ Poor appetite
 180 ☐ ☐ ☐ Craving for sweets
 181 ☐ ☐ ☐ Muscular soreness
 182 ☐ ☐ ☐ Depression; feelings of dread
 183 ☐ ☐ ☐ Noise sensitivity
 184 ☐ ☐ ☐ Acoustic hallucinations
 185 ☐ ☐ ☐ Tendency to cry without reason
 186 ☐ ☐ ☐ Hair is coarse and/or thinning
 187 ☐ ☐ ☐ Weakness
 188 ☐ ☐ ☐ Fatigue
 189 ☐ ☐ ☐ Skin sensitive to touch
 190 ☐ ☐ ☐ Tendency toward hives
 191 ☐ ☐ ☐ Nervousness
 192 ☐ ☐ ☐ Headache
 193 ☐ ☐ ☐ Insomnia
 194 ☐ ☐ ☐ Anxiety
 195 ☐ ☐ ☐ Anorexia
 196 ☐ ☐ ☐ Inability to concentrate; confusion
 197 ☐ ☐ ☐ Frequent stuffy nose; sinus infections
 198 ☐ ☐ ☐ Allergy to some foods
 199 ☐ ☐ ☐ Loose joints

FEMALE ONLY

- 200 ☐ ☐ ☐ Very easily fatigued
 201 ☐ ☐ ☐ Premenstrual tension
 202 ☐ ☐ ☐ Painful menses
 203 ☐ ☐ ☐ Depressed feelings before menstruation
 204 ☐ ☐ ☐ Menstruation excessive and prolonged
 205 ☐ ☐ ☐ Painful breasts
 206 ☐ ☐ ☐ Menstruate too frequently
 207 ☐ ☐ ☐ Vaginal discharge
 208 ☐ ☐ ☐ Hysterectomy / ovaries removed
 209 ☐ ☐ ☐ Menopausal hot flashes
 210 ☐ ☐ ☐ Menses scanty or missed
 211 ☐ ☐ ☐ Acne, worse at menses
 212 ☐ ☐ ☐ Depression of long standing

MALE ONLY

- 213 ☐ ☐ ☐ Prostate trouble
 214 ☐ ☐ ☐ Urination difficult or dribbling
 215 ☐ ☐ ☐ Night urination frequent
 216 ☐ ☐ ☐ Depression
 217 ☐ ☐ ☐ Pain on inside of legs or heels
 218 ☐ ☐ ☐ Feeling of incomplete bowel evacuation
 219 ☐ ☐ ☐ Lack of energy
 220 ☐ ☐ ☐ Migrating aches and pains
 221 ☐ ☐ ☐ Tire too easily
 222 ☐ ☐ ☐ Avoids activity
 223 ☐ ☐ ☐ Leg nervousness at night
 224 ☐ ☐ ☐ Diminished sex drive

List the five main complaints you have in the order of their importance:

1. _____
 2. _____
 3. _____
 4. _____
 5. _____