

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
 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 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 | GROUP 7A |
|-----------------|---|---|---------------------------------------------|
| 107 | 0 | 0 | Insomnia |
| 108 | 0 | 0 | Nervousness |
| 109 | 0 | 0 | Can't gain weight |
| 110 | 0 | 0 | Intolerance to heat |
| 111 | 0 | 0 | Highly emotional |
| 112 | 0 | 0 | Flush easily |
| 113 | 0 | 0 | Night sweats |
| 114 | 0 | 0 | Thin, moist skin |
| 115 | 0 | 0 | Inward trembling |
| 116 | 0 | 0 | Heart palpitates |
| 117 | 0 | 0 | Increased appetite without weight gain |
| 118 | 0 | 0 | Pulse fast at rest |
| 119 | 0 | 0 | Eyelids and face twitch |
| 120 | 0 | 0 | Irritable and restless |
| 121 | 0 | 0 | Can't work under pressure |
| GROUP 7B | | | |
| 122 | 0 | 0 | Increase in weight |
| 123 | 0 | 0 | Decrease in appetite |
| 124 | 0 | 0 | Fatigue easily |
| 125 | 0 | 0 | Ringing in ears |
| 126 | 0 | 0 | Sleepy during day |
| 127 | 0 | 0 | Sensitive to cold |
| 128 | 0 | 0 | Dry or scaly skin |
| 129 | 0 | 0 | Constipation |
| 130 | 0 | 0 | Mental sluggishness |
| 131 | 0 | 0 | Hair coarse, falls out |
| 132 | 0 | 0 | Headaches upon arising, wear off during day |
| 133 | 0 | 0 | Slow pulse, below 65 |
| 134 | 0 | 0 | Frequency of urination |
| 135 | 0 | 0 | Impaired hearing |
| 136 | 0 | 0 | Reduced initiative |
| GROUP 7C | | | |
| 137 | 0 | 0 | Failing memory |
| 138 | 0 | 0 | Low blood pressure |
| 139 | 0 | 0 | Increased sex drive |
| 140 | 0 | 0 | Headaches, "splitting or rending" type |
| 141 | 0 | 0 | Decreased sugar tolerance |
| GROUP 7D | | | |
| 142 | 0 | 0 | Abnormal thirst |
| 143 | 0 | 0 | Bloating of abdomen |
| 144 | 0 | 0 | Weight gain around hips or waist |
| 145 | 0 | 0 | Sex drive reduced or lacking |
| 146 | 0 | 0 | Tendency to ulcers, colitis |
| 147 | 0 | 0 | Increased sugar tolerance |
| 148 | 0 | 0 | Women: menstrual disorders |
| 149 | 0 | 0 | Young girls: lack of menstrual function |
| GROUP 7E | | | |
| 150 | 0 | 0 | Dizziness |
| 151 | 0 | 0 | Headaches |
| 152 | 0 | 0 | Hot flashes |
| 153 | 0 | 0 | Increased blood pressure |
| 154 | 0 | 0 | Hair growth on face or body (female) |
| 155 | 0 | 0 | Sugar in urine (not diabetes) |
| 156 | 0 | 0 | Masculine tendencies (female) |
| GROUP 7F | | | |
| 157 | 0 | 0 | Weakness, dizziness |
| 158 | 0 | 0 | Chronic fatigue |
| 159 | 0 | 0 | Low blood pressure |
| 160 | 0 | 0 | Nails weak, ridged |
| 161 | 0 | 0 | Tendency to hives |
| 162 | 0 | 0 | Arthritic tendencies |
| 163 | 0 | 0 | Perspiration increase |
| 164 | 0 | 0 | Bowel disorders |
| 165 | 0 | 0 | Poor circulation |
| 166 | 0 | 0 | Swollen ankles |
| 167 | 0 | 0 | Crave salt |
| 168 | 0 | 0 | Brown spots or bronzing of skin |
| 169 | 0 | 0 | Allergies - tendency to asthma |

- | 1 | 2 | 3 | |
|--------------------|---|---|----------------------------------------|
| 170 | 0 | 0 | Weakness after colds, influenza |
| 171 | 0 | 0 | Exhaustion - muscular and nervous |
| 172 | 0 | 0 | Respiratory disorders |
| GROUP 8 | | | |
| 173 | 0 | 0 | Apprehension |
| 174 | 0 | 0 | Irritability |
| 175 | 0 | 0 | Morbid fears |
| 176 | 0 | 0 | Never seems to get well |
| 177 | 0 | 0 | Forgetfulness |
| 178 | 0 | 0 | Indigestion |
| 179 | 0 | 0 | Poor appetite |
| 180 | 0 | 0 | Craving for sweets |
| 181 | 0 | 0 | Muscular soreness |
| 182 | 0 | 0 | Depression; feelings of dread |
| 183 | 0 | 0 | Noise sensitivity |
| 184 | 0 | 0 | Acoustic hallucinations |
| 185 | 0 | 0 | Tendency to cry without reason |
| 186 | 0 | 0 | Hair is coarse and/or thinning |
| 187 | 0 | 0 | Weakness |
| 188 | 0 | 0 | Fatigue |
| 189 | 0 | 0 | Skin sensitive to touch |
| 190 | 0 | 0 | Tendency toward hives |
| 191 | 0 | 0 | Nervousness |
| 192 | 0 | 0 | Headache |
| 193 | 0 | 0 | Insomnia |
| 194 | 0 | 0 | Anxiety |
| 195 | 0 | 0 | Anorexia |
| 196 | 0 | 0 | Inability to concentrate; confusion |
| 197 | 0 | 0 | Frequent stuffy nose; sinus infections |
| 198 | 0 | 0 | Allergy to some foods |
| 199 | 0 | 0 | Loose joints |
| FEMALE ONLY | | | |
| 200 | 0 | 0 | Very easily fatigued |
| 201 | 0 | 0 | Premenstrual tension |
| 202 | 0 | 0 | Painful menses |
| 203 | 0 | 0 | Depressed feelings before menstruation |
| 204 | 0 | 0 | Menstruation excessive and prolonged |
| 205 | 0 | 0 | Painful breasts |
| 206 | 0 | 0 | Menstruate too frequently |
| 207 | 0 | 0 | Vaginal discharge |
| 208 | 0 | 0 | Hysterectomy / ovaries removed |
| 209 | 0 | 0 | Menopausal hot flashes |
| 210 | 0 | 0 | Menses scanty or missed |
| 211 | 0 | 0 | Acne, worse at menses |
| 212 | 0 | 0 | Depression of long standing |
| MALE ONLY | | | |
| 213 | 0 | 0 | Prostate trouble |
| 214 | 0 | 0 | Urination difficult or dribbling |
| 215 | 0 | 0 | Night urination frequent |
| 216 | 0 | 0 | Depression |
| 217 | 0 | 0 | Pain on inside of legs or heels |
| 218 | 0 | 0 | Feeling of incomplete bowel evacuation |
| 219 | 0 | 0 | Lack of energy |
| 220 | 0 | 0 | Migrating aches and pains |
| 221 | 0 | 0 | Tire too easily |
| 222 | 0 | 0 | Avoids activity |
| 223 | 0 | 0 | Leg nervousness at night |
| 224 | 0 | 0 | Diminished sex drive |

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

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