

# SYMPTOM SURVEY FORM

NAME \_\_\_\_\_ DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

INSTRUCTIONS: Number the boxes which apply to you with either a 1, 2, or 3  
(1) for MILD symptoms  
(2) for MODERATE symptoms  
(3) for SEVERE symptoms  
Leave the box BLANK if it does not apply to you!

Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: M \_\_\_ F \_\_\_

## 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 calm
- 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 go 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 "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  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 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 fatigued  
 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. \_\_\_\_\_  
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 2. \_\_\_\_\_  
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 3. \_\_\_\_\_  
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 4. \_\_\_\_\_  
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 5. \_\_\_\_\_  
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