

SYMPTOM SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ DOCTOR _____ DATE _____

PHONE (_____) _____ VEGETARIAN ___ Yes ___ No

INSTRUCTIONS: Number the boxes, which apply to you. Use (1) for MILD symptoms (occurs once or twice a month), (2) for MODERATE symptoms (occurs several times a month), and (3) for SEVERE symptoms (you are aware of it almost constantly).

GROUP ONE

- | | | |
|-------------------------------|--|-------------------------------|
| 1 ___ Acid foods upset | 8 ___ Gag easily | 15 ___ Appetite reduced |
| 2 ___ Get chilled, often | 9 ___ Unable to relax; startles easily | 16 ___ Cold sweats often |
| 3 ___ "Lump" in throat | 10 ___ Extremities cold, clammy | 17 ___ Fever easily raised |
| 4 ___ Dry mouth-eyes-nose | 11 ___ Strong light irritates | 18 ___ Neuralgia-like pains |
| 5 ___ Pulse speeds after meal | 12 ___ Urine amount reduced | 19 ___ Staring, blinks little |
| 6 ___ Keyed up – fail to calm | 13 ___ Heart pounds after retiring | 20 ___ Sour stomach frequent |
| 7 ___ Cuts heal slowly | 14 ___ "Nervous" stomach | |

GROUP TWO

- | | | |
|---|---|---|
| 21 ___ Joint stiffness after arising | 29 ___ Digestion rapid | 37 ___ "Slow starter" |
| 22 ___ Muscle-leg-toe cramps at night | 30 ___ Vomiting frequent | 38 ___ Get "chilled" infrequently |
| 23 ___ "Butterfly" stomach, cramps | 31 ___ Hoarseness frequent | 39 ___ Perspire easily |
| 24 ___ Eyes or nose watery | 32 ___ Breathing irregular | 40 ___ Circulation poor, sensitive to cold |
| 25 ___ Eyes blink often | 33 ___ Pulse slow; feels "irregular" | 41 ___ Subject to colds, asthma, bronchitis |
| 26 ___ Eyelids swollen, puffy | 34 ___ Gagging reflex slow | |
| 27 ___ Indigestion soon after meals | 35 ___ Difficulty swallowing | |
| 28 ___ Always seems hungry; feels "lightheaded" often | 36 ___ Constipation, diarrhea alternating | |

GROUP THREE

- | | | |
|---------------------------------------|---|--|
| 42 ___ Eat when nervous | 49 ___ Heart palpitates if meals missed or delayed | 53 ___ Crave candy or coffee in afternoons |
| 43 ___ Excessive appetite | 50 ___ Afternoon headaches | 54 ___ Moods of depression – "blues" or melancholy |
| 44 ___ Hungry between meals | 51 ___ Overeating sweets upsets | 55 ___ Abnormal craving for sweets or snacks |
| 45 ___ Irritable before meals | 52 ___ Awaken after few hours sleep – hard to get back to sleep | |
| 46 ___ Get "shaky" if hungry | | |
| 47 ___ Fatigue, eating relieves | | |
| 48 ___ "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|--|--|---|
| 56 ___ Hands and feet go to sleep easily, numbness | 63 ___ Get "drowsy" often | 68 ___ Bruise easily, "black and blue" spots |
| 57 ___ Sigh frequently, "air hunger" | 64 ___ Swollen ankles worse at night | 69 ___ Tendency to anemia |
| 58 ___ Aware of "breathing heavily" | 65 ___ Muscle cramps, worse during exercise; get "charley horses" | 70 ___ "Nose bleeds" frequent |
| 59 ___ High altitude discomfort | 66 ___ Shortness of breath on exertion | 71 ___ Noises in head, or "ringing in ears" |
| 60 ___ Opens windows in closed room | 67 ___ Dull pain in chest or radiating into left arm, worse on exertion. | 72 ___ Tension under the breastbone, or feeling of tightness" worse on exertion |
| 61 ___ Susceptible to colds and fevers | | |
| 62 ___ Afternoon "yawner" | | |

- 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

GROUP FIVE

- 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

- 98 ___ Loss of taste for meat
- 99 ___ Lower bowel gas several hours after eating
- 100 ___ Burning stomach sensations, eating relieves

GROUP SIX

- 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 ___ Mucous colitis or "irritable bowel"
- 105 ___ Gas shortly after eating
- 106 ___ Stomach "bloating" after eating

(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

GROUP SEVEN

(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

(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

(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

SYMPTOM SURVEY FORM – Page 3

FEMALE ONLY

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

GROUP EIGHT

- | | |
|--|---------------------|
| 198 ___ Apprehension | 216 ___ Nervousness |
| 199 ___ Irritability | 217 ___ Headache |
| 200 ___ Morbid fears | 218 ___ Insomnia |
| 201 ___ Hypochondria | 219 ___ Anxiety |
| 202 ___ Forgetfulness | 220 ___ Anorexia |
| 203 ___ Indigestion | 221 ___ Distraction |
| 204 ___ Poor appetite | 222 ___ Confusion |
| 205 ___ Craving for sweets | 223 ___ Dizziness |
| 206 ___ Muscular soreness | 224 ___ Instability |
| 207 ___ Depression | |
| 208 ___ Noise sensitivity | |
| 209 ___ Accoustic hallucinations | |
| 210 ___ Tendency to cry without reason | |
| 211 ___ Feeling something dreadful will happen | |
| 212 ___ Weakness | |
| 213 ___ Fatigue | |
| 214 ___ Neuralgia | |
| 215 ___ Neuritis | |

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 physical complaints you have in order of their importance:

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

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____
 Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____
 Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____
 Hemoglobin _____ Blood Clotting Time _____