

SYMPTOM SURVEY FORM

NAME _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the numbers which apply to you - either 1, 2, or 3 *Note: Please do not circle a number if the symptom does not apply to you.*
 (1) for **MILD** symptoms (2) for **MODERATE** symptoms (3) for **SEVERE** symptoms

- GROUP 1**
- 1 2 3 Sweat easily
 - 1 2 3 Oily skin or hair
 - 1 2 3 Nervous energy or irritability
 - 1 2 3 Tendency to frequent or loose stools
 - 1 2 3 Tendency to anxiety
 - 1 2 3 High Blood Pressure
 - 1 2 3 Extrovert
 - 1 2 3 Tendency to be warm
 - 1 2 3 Tend to gain weight on abdomen or trunk
 - 1 2 3 Cravings for fatty, salty foods
 - 1 2 3 Low calorie diets don't work

 - 1 2 3 Strong appetite
 - 1 2 3 Multiple or serious allergies
 - 1 2 3 Irregular heart beat
 - 1 2 3 Lethargy; procrastination
 - 1 2 3 Subject to colds, asthma, bronchitis or allergies
 - 1 2 3 Low blood sugar
 - 1 2 3 Chronic Fatigue
 - 1 2 3 Sweet Cravings

- GROUP 2**
- 1 2 3 Does not sweat easily
 - 1 2 3 Dry hair and skin
 - 1 2 3 Tendency to constipation
 - 1 2 3 Fatigue
 - 1 2 3 Depression or apathy
 - 1 2 3 Tendency to be cold; sensitivity to cold
 - 1 2 3 Low blood pressure
 - 1 2 3 Introvert
 - 1 2 3 Tend to gain weight on hips and legs

 - 1 2 3 Cuts heal slowly
 - 1 2 3 Insomnia
 - 1 2 3 Difficulty calming down
 - 1 2 3 Appetite reduced
 - 1 2 3 Indigestion; heartburn
 - 1 2 3 High blood pressure
 - 1 2 3 Predisposed to infection
 - 1 2 3 Nervous Stomach
 - 1 2 3 Type A personality
 - 1 2 3 Crave Caffeine

- Group 3**
- 1 2 3 Feel worse after eating
 - 1 2 3 Crave sweet/dessert after eating
 - 1 2 3 Tired after meals
 - 1 2 3 Afternoon headaches
 - 1 2 3 Overeating sweets upsets
 - 1 2 3 Always hungry
 - 1 2 3 Waist larger than hips
 - 1 2 3 High blood pressure
 - 1 2 3 Trouble falling asleep
 - 1 2 3 Difficulty losing weight

 - 1 2 3 Often go for hours or more without eating
 - 1 2 3 Crave candy or coffee
 - 1 2 3 Get "shaky" if hungry
 - 1 2 3 Irritable before meals
 - 1 2 3 Feel better after eating
 - 1 2 3 Fatigue relieved by eating
 - 1 2 3 Have trouble staying asleep
 - 1 2 3 Heart palpitates if meals are missed or delayed
 - 1 2 3 Lightheaded if meals delayed

- Group 4**
- 1 2 3 Hands and feet go to sleep easily, numbness
 - 1 2 3 Sigh frequently, "air hunger"
 - 1 2 3 Aware of "breathing heavily"
 - 1 2 3 High altitude discomfort
 - 1 2 3 Opens windows in closed room
 - 1 2 3 Susceptive to colds and fevers
 - 1 2 3 Afternoon "yawner"
 - 1 2 3 Get "drowsy" often
 - 1 2 3 Swollen ankles worse at night
 - 1 2 3 Muscle cramps, worse during exercise; get "charley horses"
 - 1 2 3 Shortness of breath on exertion
 - 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion
 - 1 2 3 Bruise easily, "black/blue" spots
 - 1 2 3 Tendency to anemia
 - 1 2 3 "Nose bleeds" frequent
 - 1 2 3 Noises in head or "ringing in ears"
 - 1 2 3 Tension under the breastbone, or feeling of "tightness", worse on exertion

- Group 5**
- 1 2 3 Dizziness
 - 1 2 3 Dry Skin
 - 1 2 3 Burning feet
 - 1 2 3 Blurred vision
 - 1 2 3 Itching skin and feet
 - 1 2 3 Excessive falling hair
 - 1 2 3 Frequent skin rashes
 - 1 2 3 Bitter, metallic taste in mouth in mornings
 - 1 2 3 Bowel movement painful or Difficult
 - 1 2 3 Worries, feels insecure
 - 1 2 3 Feeling queasy; headache over eyes
 - 1 2 3 Greasy foods upset
 - 1 2 3 Stools light-colored

 - 1 2 3 Skin peels on foot soles
 - 1 2 3 Pain between shoulder blades
 - 1 2 3 Use laxatives
 - 1 2 3 Stools alternate from soft to
 - 1 2 3 History of gallbladder attacks or gallstones
 - 1 2 3 Sneezing Attacks
 - 1 2 3 Dreaming, nightmare type bad dreams
 - 1 2 3 Bad breath (halitosis)
 - 1 2 3 Milk products cause distress
 - 1 2 3 Sensitive to hot weather
 - 1 2 3 Burning or itching anus
 - 1 2 3 Crave sweets

GROUP 6

- 1 2 3 Loss of taste for meat
- 1 2 3 Lower bowel gas several hours after eating
- 1 2 3 Burning stomach sensations, eating relieves
- 1 2 3 Coated tongue
- 1 2 3 Pass large amounts of foul-smelling gas
- 1 2 3 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
- 1 2 3 Mucus colitis or "irritable bowel"
- 1 2 3 Gas shortly after eating
- 1 2 3 Stomach "bloating" after eating

GROUP 7**(A)**

- 1 2 3 Insomnia
- 1 2 3 Nervousness
- 1 2 3 Can't gain weight
- 1 2 3 Intolerance to heat
- 1 2 3 Highly emotional
- 1 2 3 Flush easily
- 1 2 3 Night sweats
- 1 2 3 Thin, moist skin
- 1 2 3 Inward trembling
- 1 2 3 Heart palpitates
- 1 2 3 Increased appetite without weight gain
- 1 2 3 Pulse fast at rest
- 1 2 3 Eyelids and face twitch
- 1 2 3 Irritable and restless
- 1 2 3 Can't work under pressure

(B)

- 1 2 3 Increase in weight
- 1 2 3 Decrease in appetite
- 1 2 3 Fatigue easily
- 1 2 3 Ringing in ears
- 1 2 3 Sleepy during day
- 1 2 3 Sensitive to cold
- 1 2 3 Dry or scaly skin
- 1 2 3 Constipation
- 1 2 3 Mental sluggishness
- 1 2 3 Hair coarse, falls out
- 1 2 3 Headaches upon arising wear off during day
- 1 2 3 Slow pulse, below 65
- 1 2 3 Frequency of urination
- 1 2 3 Impaired hearing
- 1 2 3 Reduced initiative

GROUP 7 (continued)**(C)**

- 1 2 3 Failing memory
- 1 2 3 Low blood pressure
- 1 2 3 Increased sex drive
- 1 2 3 Headaches, "splitting or rending" type
- 1 2 3 Decreased sugar tolerance

(D)

- 1 2 3 Abnormal thirst
- 1 2 3 Bloating of abdomen
- 1 2 3 Weight gain around hips or waist
- 1 2 3 Sex drive reduced or lacking
- 1 2 3 Tendency to ulcers, colitis
- 1 2 3 Increased sugar tolerance
- 1 2 3 Women: menstrual disorders
- 1 2 3 Young girls: lack of menstrual function

(E)

- 1 2 3 Dizziness
- 1 2 3 Headaches
- 1 2 3 Hot flashes
- 1 2 3 Increased blood pressure
- 1 2 3 Hair growth on face or body (female)
- 1 2 3 Sugar in urine (not diabetes)
- 1 2 3 Masculine tendencies (female)

(F)

- 1 2 3 Weakness, dizziness
- 1 2 3 Chronic fatigue
- 1 2 3 Low blood pressure
- 1 2 3 Nails weak, ridged
- 1 2 3 Tendency to hives
- 1 2 3 Arthritic tendencies
- 1 2 3 Perspiration increase
- 1 2 3 Bowel disorders
- 1 2 3 Poor circulation
- 1 2 3 Swollen ankles
- 1 2 3 Crave salt
- 1 2 3 Brown spots or bronzing of skin
- 1 2 3 Allergies - tendency to asthma
- 1 2 3 Weakness after colds, influenza
- 1 2 3 Exhaustion - muscular and nervous
- 1 2 3 Respiratory disorders

FEMALE ONLY

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

MALES ONLY

- 1 2 3 Prostate trouble
- 1 2 3 Urination difficult or dribbling
- 1 2 3 Night urination frequent
- 1 2 3 Depression
- 1 2 3 Pain on inside of legs or heels
- 1 2 3 Feeling of incomplete bowel evacuation
- 1 2 3 Lack of energy
- 1 2 3 Migrating aches and pains
- 1 2 3 Tire too easily
- 1 2 3 Avoid activity
- 1 2 3 Leg nervousness at night
- 1 2 3 Diminished sex drive

IMPORTANT

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

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