

SYSTEM 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 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!

Mild Moderate Severe 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. Indigestions soon after meals
 28. Always seems hungry; feels "lightheaded" often
 29. Digestion rapid

30. Vomiting frequent
 31. Hoarseness frequent
 32. Breathing irregular
 33. Plus 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. Exercise 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 sleeps- hard to get back to sleep

53. Crave candy or coffees 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 fever
 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" frequently
 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 amount of foul smelling gas

103. Indigestion ½ -1 hour after eating; may be up to 3-4
hours

104. Mucous colitis or "irritable bowel"

105. Gas shortly after eating

106. Stomach "bloating" after eating

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. Headache upon arising, wear off during day

133. Slow pulse, below 65

134. Frequent urination

135. Impaired hearing

136. Reduces initiative

GROUP 7C

137. Failing memory

138. Low blood pressure

- 139. Increased sex drive
 - 140. Headaches, "spitting 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 spot or bronzing of skin
 - 169. Allergies- tendency to asthma
 - 170. Weakness after colds, influenza
 - 171. Exhaustions- 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; feeling of dread
 - 183. Noise sensitivity
 - 184. Acoustic hallucinations
 - 185. Tendency to cry without reason
 - 186. Hair in coarse and/or thinning
 - 187. Weakness
 - 188. Fatigue
 - 189. Skin sensitive to touch
 - 190. Tendency towards 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 fatigue
 - 201. Premenstrual tension
 - 202. Painful menses
 - 203. Depressed feeling before menstruation
 - 204. Menstruation excessive and prolonged

- 205. Painful breast
 - 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. Dismissed sex drive

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

1. _____

2. _____

3. _____

4. _____

5. _____