

# 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 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

- 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 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    Headaches upon arising, wear off during day
- 133    Slow pulse, below 65
- 134    Frequency of urination
- 135    Impaired hearing
- 136    Reduced initiative

**GROUP 7C**

- 137    Failing memory
- 138    Low blood pressure
- 139    Increased sex drive
- 140    Headaches, "splitting 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 spots or bronzing of skin
- 169    Allergies - tendency to asthma

- 1 2 3**
- 170    Weakness after colds, influenza
  - 171    Exhaustion - 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; feelings of dread
- 183    Noise sensitivity
- 184    Acoustic hallucinations
- 185    Tendency to cry without reason
- 186    Hair is coarse and/or thinning
- 187    Weakness
- 188    Fatigue
- 189    Skin sensitive to touch
- 190    Tendency toward 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 fatigued
- 201    Premenstrual tension
- 202    Painful menses
- 203    Depressed feelings before menstruation
- 204    Menstruation excessive and prolonged
- 205    Painful breasts
- 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    Diminished sex drive

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_