### SYMPTOM SURVEY FORM

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AGE: \_\_\_\_\_ DATE:

# Assign a number to the symptoms that you experience, using the following scale: (1) for MILD symptoms, (2) for MODERATE symptoms, and (3) for SEVERE symptoms. *LEAVE BLANK IF YOU DON'T EXPERIENCE SYMPTOM.*

MODERATE symptoms, and (3) for SEVERE symptom	s. LEAVE BLANK IF YOU DON'T EXPERIENCE SYMPTOM.	
GROUP 1	GROUP 4	
Upset by acid foods	Limbs fall asleep easily/numb	
Often chilled	Sigh frequently, "air hunger"	
"Lump" in throat	Aware of breathing heavily	
Dry mouth/eyes/nose	High altitude discomfort	
Pulse speeds after meals	Opens windows in closed rooms	
Cuts heal slowly	Susceptive to colds/fevers	
Gag easily	Afternoon "yawner"	
Keyed up, can't calm down	Often drowsy	
Unable to relax, startle easily	Swollen ankles worse at night	
Extremities cold, clammy	Muscle cramps worse with exercise	
Irritated by strong light	Dull pain in chest, radiating to left arm, worse with exertion	
Urine amount reduced	Shortness of breath on exertion	
Heart pounds after retiring	Bruise easily, black & blue spots	
"Nervous" stomach	Tendency to anemia	
Appetite reduced	Frequent nosebleeds	
Cold sweats often	Ringing in ears, noises in head	
Nerve pains	Tension under breastbone, "tight" feeling worse with exertion	
Staring, blinks little	GROUP 5	
Frequent sour stomach	Dizziness	
GROUP 2	Dry skin	
Joint stiffness after arising	Burning feet	
Muscle/leg/toe cramps at night	Blurred vision	
Butterflies in stomach, cramps	Itching skin and feet	
Watery eyes or nose	Losing excessive hair	
Eyes blink often	Frequent skin rashes	
Puffy, swollen eyelids		
Indigestion soon after meals	Bitter metallic taste in mouth in AM Painful/difficult stool	
Always hungry, often lightheaded	Queasy, headaches over eyes	
Rapid digestion	Greasy foods are upsetting	
Frequent vomiting	Light-colored stools	
Frequent hoarseness	Skin peels from foot sole	
Breathing irregular	Pain between shoulder blades	
Slow pulse, feels irregular	Uses laxatives	
Slow gagging reflex	Alternating soft/watery stools	
Difficulty swallowing	Gallbladder attacks/stones	
Alternating diarrhea/constipation	Sneezing attacks	
"Slow starter"	Bad dreams/nightmares	
Perspire easily	Halitosis/bad breath	
Poor circulation, sensitive to cold	Milk products cause distress	
Frequent colds/asthma/bronchitis	Sensitive to hot weather	
-	Burning/itching anus	
GROUP 3	Craves sweets	
Eat when nervous		
Excessive appetite	GROUP 6	
Hungry between meals	Loss of taste for meat	
Irritable/lightheaded if meals delayed	Lower bowel gas hours after eating	
Get "shaky" if hungry	Burning stomach relieved with eating	
Eating relieves fatigue	Reduced initiative	
Heart palpitates if meals missed/delayed	Coated tongue	
Afternoon headaches	Passing large amts of foul gas	
Overeating sweets upsets stomach	Mucus colitis, "irritable bowel"	
Wake after few hours, hard to return to sleep	Gas shortly after eating	
Crave candy/coffee/caffeine in afternoon	Stomach bloating after eating	
Moods of depressions/blues/melancholy	Indigestion 30" to 4 hrs after eating	
Abnormal craving for sweets/snacks		

#### **GROUP 7-A**

- \_\_\_\_ Insomnia
- \_\_\_\_ Nervousness
- \_\_\_\_ Can't gain weight
- \_\_\_\_ Intolerance to heat
- \_\_\_\_ Highly emotional
- \_\_\_\_ Flushes easily
- \_\_\_\_ Night sweats
- \_\_\_\_ Thin, moist skin
- \_\_\_\_ Inward trembling
- \_\_\_\_ Heart palpitates
- \_\_\_\_ Increased appetite, no weight gain
- \_\_\_\_ Fast pulse when resting
- \_\_\_\_ Twitching of eyelids/face
- \_\_\_\_ Irritable and restless
- \_\_\_\_ Unable to work under pressure

#### **GROUP 7-B**

- Increase in weight
- \_\_\_\_ Decrease in appetite
- \_\_\_\_ Easily fatigued
- \_\_\_\_ Ringing in ears
- \_\_\_\_ Sleepy during the day
- \_\_\_\_ Sensitive to cold
- \_\_\_\_ Dry or scaly skin
- \_\_\_\_ Constipation
- \_\_\_\_ Mental sluggishness
- \_\_\_\_ Coarse hair, falling out
- \_\_\_\_ Headache when waking, then wears off
- \_\_\_\_ Slow pulse (below 65)
- \_\_\_\_ Frequent urination
- \_\_\_\_ Impaired hearing
- \_\_\_\_ Bowel disorders

#### **GROUP 7-C**

- \_\_\_\_ Failing memory
- \_\_\_\_ Low blood pressure
- \_\_\_\_ Increased sex drive
- \_\_\_\_ "Splitting" types of headaches
- \_\_\_\_ Decreased sugar tolerance

#### **GROUP 7-D**

- \_\_\_\_ Abnormal thirst
- \_\_\_\_ Abdomen bloating
- \_\_\_\_ Weight gain in hips or waist
- \_\_\_\_ Reduced/lacking sex drive
- \_\_\_\_ Tendency towards ulcers/colitis
- \_\_\_\_ Increased sugar tolerance
- \_\_\_\_ Women: menstrual disorders
- \_\_\_\_ Young girls: no menstrual function

#### **GROUP 7-E**

- \_\_\_\_ Dizziness
- \_\_\_\_ Headaches
- \_\_\_\_ Hot flashes
- \_\_\_\_ Increased blood pressure
- \_\_\_\_ Sugar in urine (not diabetes)
- \_\_\_\_ Women: hair growth on face/body
- Women: masculine tendencies

#### **GROUP 7-F**

- \_\_\_\_ Weakness, dizziness
- \_\_\_\_ Chronic fatigue
- \_\_\_\_ Low blood pressure
- \_\_\_\_ Nails weak, ridged
- \_\_\_\_ Tendency towards hives
- \_\_\_\_ Arthritic tendencies
- \_\_\_\_ Increased perspiration
- \_\_\_\_ Bowel disorders
- \_\_\_\_ Poor circulation
- \_\_\_\_ Swollen ankles
- Craves salt
- \_\_\_\_ Brown spots/bronzing of skin
- \_\_\_\_ Allergies/asthma
- \_\_\_\_ Weakness after colds/flu
- \_\_\_\_ Exhaustion-muscular/nervous
- \_\_\_\_ Respiratory disorders

#### FEMALES ONLY

- \_\_\_\_ Very easily fatigued
- \_\_\_\_ Premenstrual tension
- Painful menstruation
- \_\_\_\_ Depressed before menstruation
- \_\_\_\_ Menstruation excessive and prolonged
- \_\_\_\_ Painful breasts
- Menstruating too frequently
- Vaginal discharge
- \_\_\_\_ Hysterectomy/ovaries removed
- \_\_\_\_ Menopausal hot flashes
- \_\_\_\_ Menstruation scanty or missed
- \_\_\_\_ Acne worse with menstruation
  - \_\_\_\_ Depression of long-standing

#### MALES ONLY

- Prostate trouble
- \_\_\_\_ Urination difficult, or dribbling
- \_\_\_\_ Frequent night urination
- \_\_\_\_ Depression
- Pain on inside of legs or heels
- \_\_\_\_ Bowel evacuation feels incomplete
- \_\_\_\_ Lack of energy
- \_\_\_\_ Migrating aches and pains
- \_\_\_\_ Fatigued too easily
- \_\_\_\_ Avoids activities
- \_\_\_\_ Leg nervousness at night
- \_\_\_\_ Diminished sex drive

## PLEASE LIST YOUR 5 MAIN HEALTH COMPLAINTS, IN ORDER OF IMPORTANCE:

1)

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

2)